School Based Services

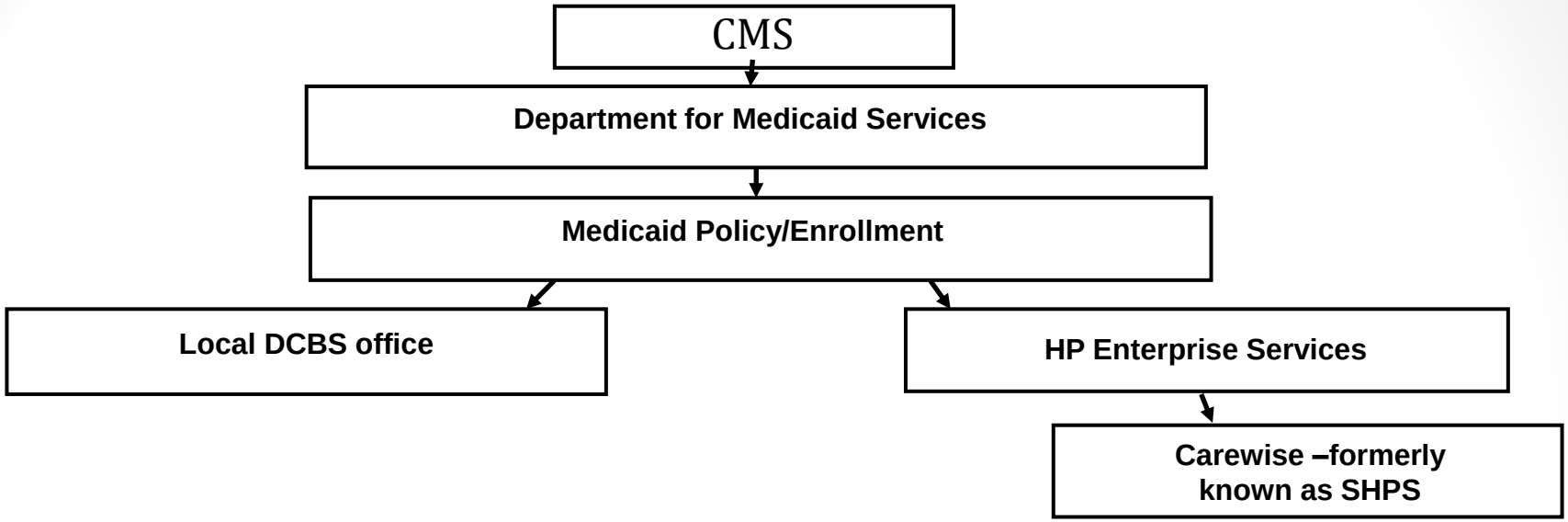
Kentucky Medicaid

2014

Agenda

- How Medicaid Works
- Resource Websites
- Forms
- Billing Instructions
- CMS 1500 Changes
- KYHealth Net
- Contacts
- Questions and Answers

How Medicaid Works



- Department for Medicaid Services (DMS) and Medicaid Policy enforces the rules and regulations that were designed by legislation.
- The Local DCBS office enrolls members according to the rules and regulations.
- HP Enterprise Services, the KYMMIS contractor, can only process claims according to the rules and regulations that Medicaid has designed.
- HP Enterprise Services holds the prior authorization contract. Carewise, formerly known as SHPS, who is the subcontractor for HP Enterprise Services, can only issue prior authorizations according to the rules and regulations that Medicaid has designed.

KYMMIS Website

www.kymmis.com

Provider Relations

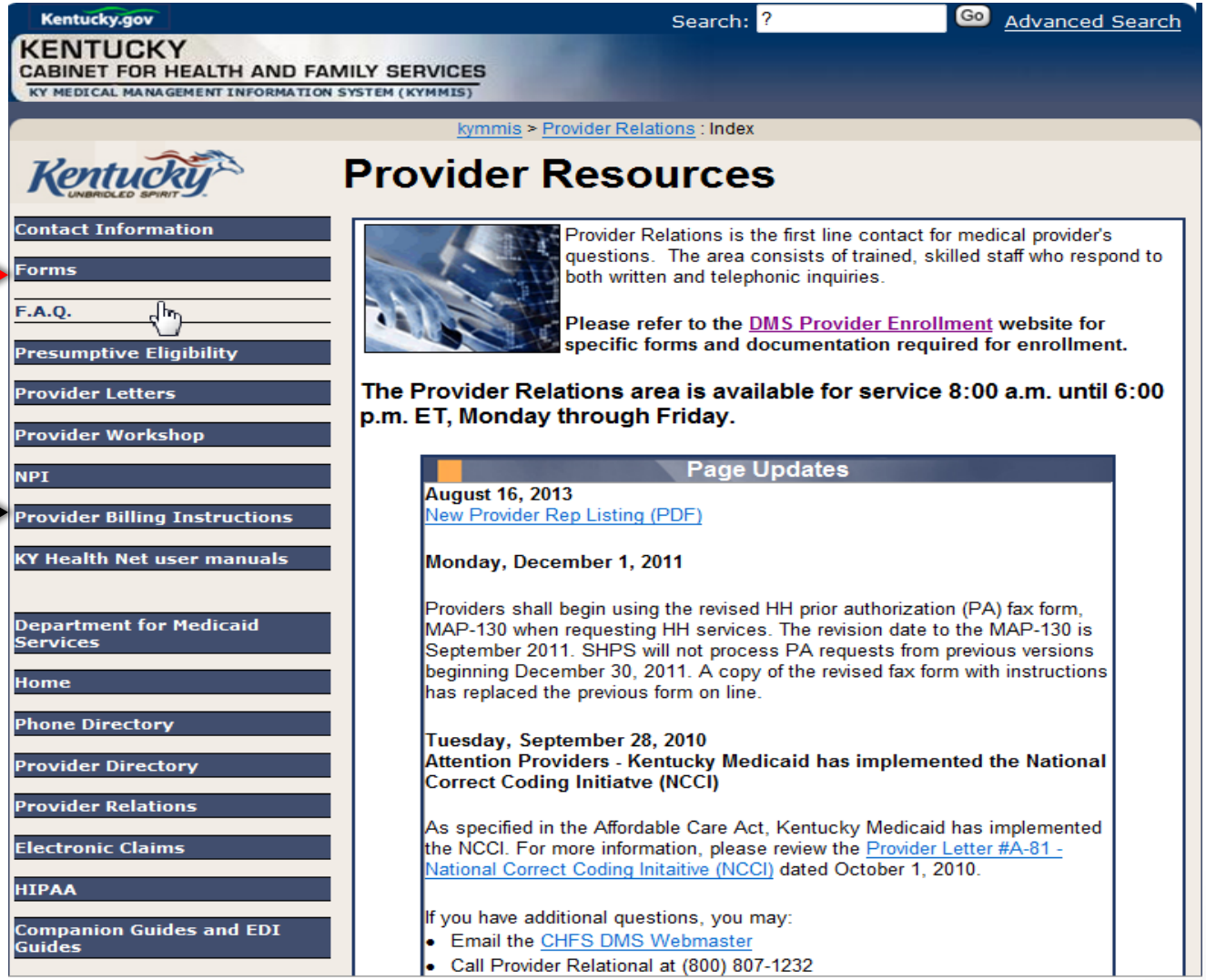
Site updates

KYMMIS Website

www.kymmis.com

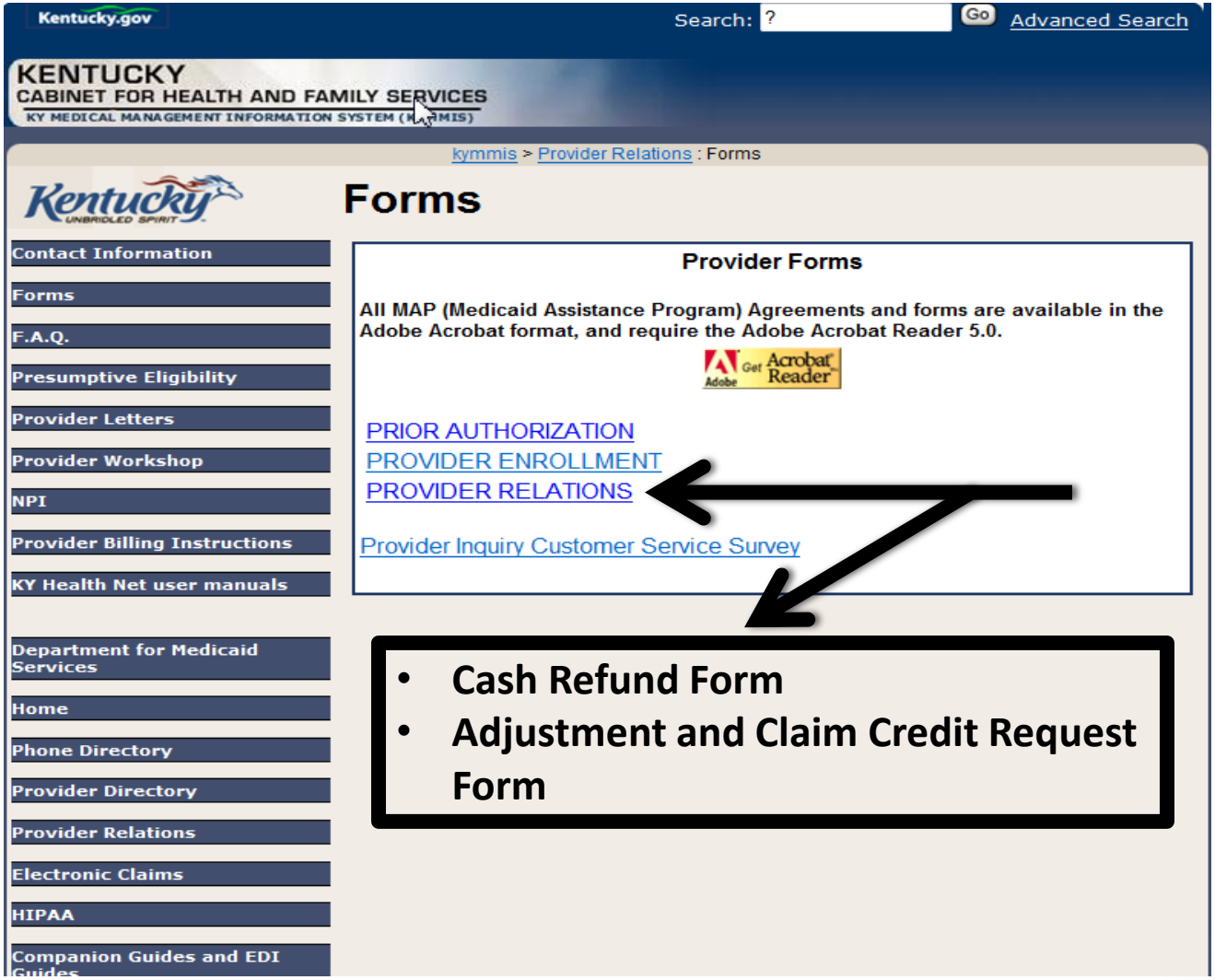
Forms

Billing Instructions



KYMMIS Website

www.kymmis.com



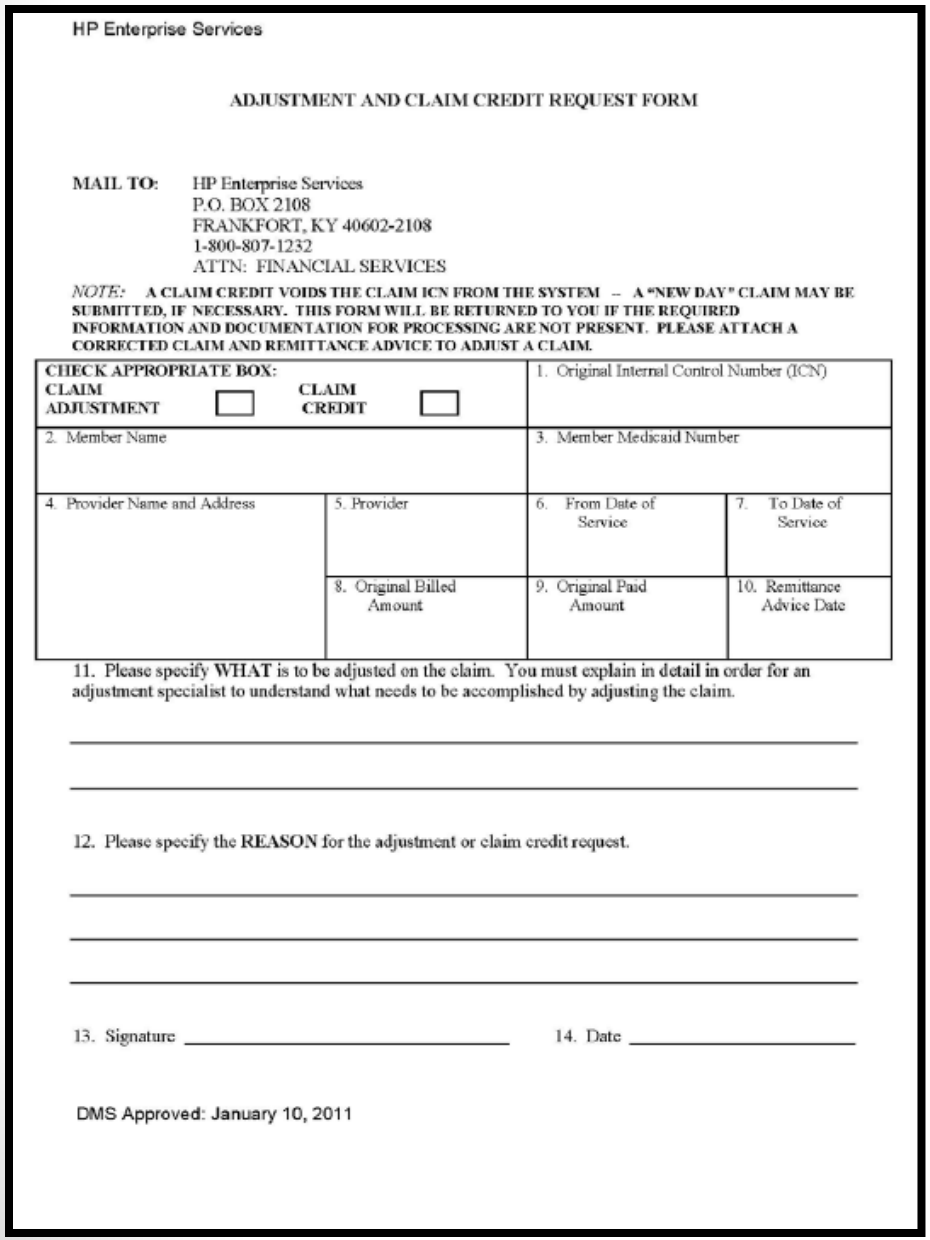
KYMMIS Website

www.kymmis.com

Adjustment and Claim Credit Request Form

Cash Refund Form

FORMS – Adjustment and Claim Credit Request



HP Enterprise Services

ADJUSTMENT AND CLAIM CREDIT REQUEST FORM

MAIL TO: HP Enterprise Services
P.O. BOX 2108
FRANKFORT, KY 40602-2108
1-800-807-1232
ATTN: FINANCIAL SERVICES

NOTE: **A CLAIM CREDIT VOIDS THE CLAIM ICN FROM THE SYSTEM – A "NEW DAY" CLAIM MAY BE SUBMITTED, IF NECESSARY. THIS FORM WILL BE RETURNED TO YOU IF THE REQUIRED INFORMATION AND DOCUMENTATION FOR PROCESSING ARE NOT PRESENT. PLEASE ATTACH A CORRECTED CLAIM AND REMITTANCE ADVICE TO ADJUST A CLAIM.**

CHECK APPROPRIATE BOX: **CLAIM ADJUSTMENT** ☐ **CLAIM CREDIT** ☐		1. Original Internal Control Number (ICN)	
2. Member Name		3. Member Medicaid Number	
4. Provider Name and Address	5. Provider	6. From Date of Service	7. To Date of Service
	8. Original Billed Amount	9. Original Paid Amount	10. Remittance Advice Date

11. Please specify **WHAT** is to be adjusted on the claim. You must explain in detail in order for an adjustment specialist to understand what needs to be accomplished by adjusting the claim.

12. Please specify the **REASON** for the adjustment or claim credit request.

13. Signature _____ 14. Date _____

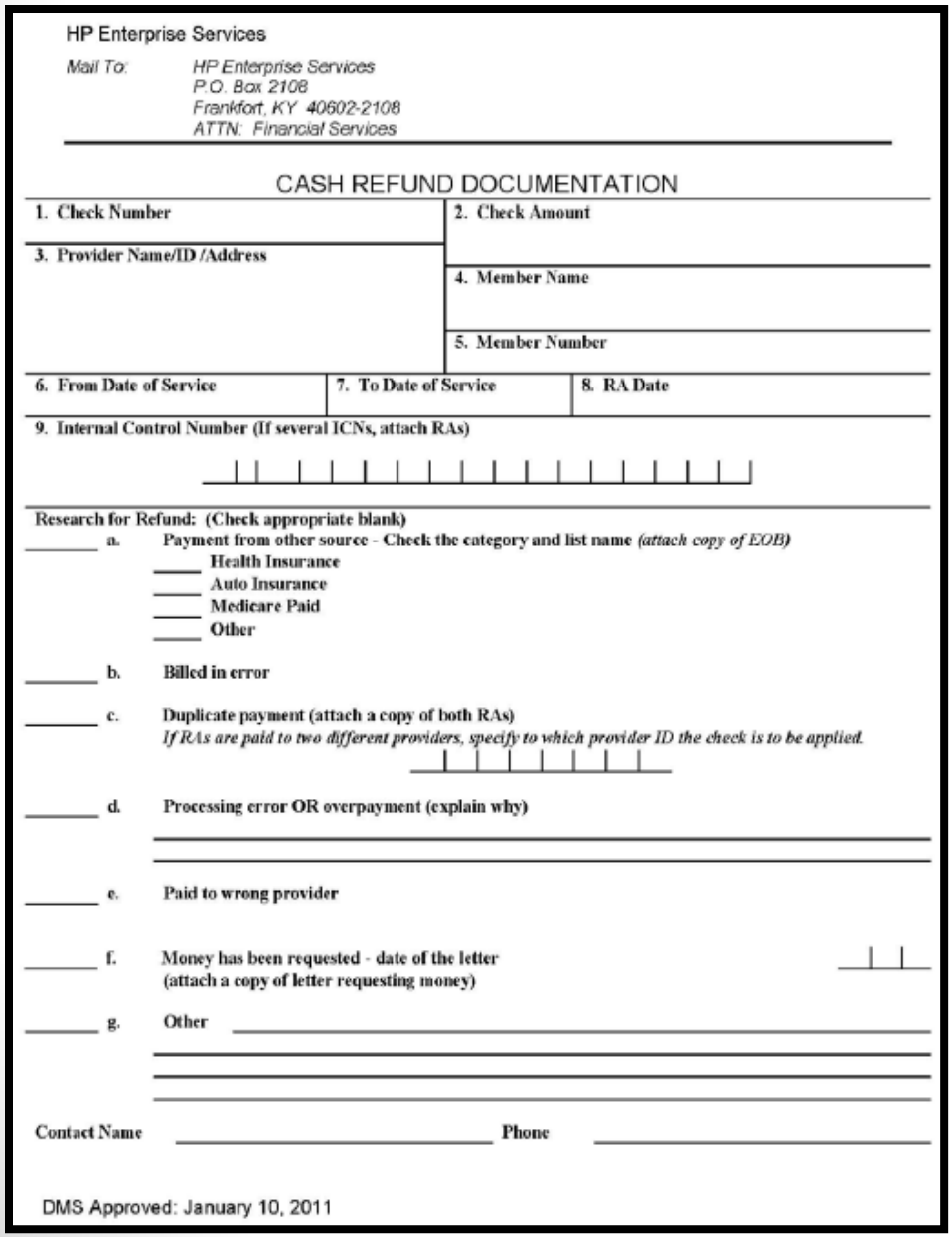
DMS Approved: January 10, 2011

Used to change or void a PAID claim.

- ✓ **Claim Adjustment - change claim**
- ✓ **Claim Credit - void claim**

Adjustments / Voids via KYHealth Net are the equivalent to this form.

FORMS – Cash Refund



HP Enterprise Services

Mail To: HP Enterprise Services
P.O. Box 2108
Frankfort, KY 40602-2108
ATTN: Financial Services

CASH REFUND DOCUMENTATION

1. Check Number
2. Check Amount
3. Provider Name/ID /Address
4. Member Name
5. Member Number
6. From Date of Service
7. To Date of Service
8. RA Date
9. Internal Control Number (If several ICNs, attach RAs)

Research for Refund: (Check appropriate blank)

_____ a. Payment from other source - Check the category and list name *(attach copy of EOB)*
- ____ Health Insurance
- ____ Auto Insurance
- ____ Medicare Paid
- ____ Other

_____ b. Billed in error

_____ c. Duplicate payment (attach a copy of both RAs)
If RAs are paid to two different providers, specify to which provider ID the check is to be applied.

_____ d. Processing error OR overpayment (explain why)

_____ e. Paid to wrong provider

_____ f. Money has been requested - date of the letter
(attach a copy of letter requesting money)

_____ g. Other

Contact Name _____ Phone _____

DMS Approved: January 10, 2011

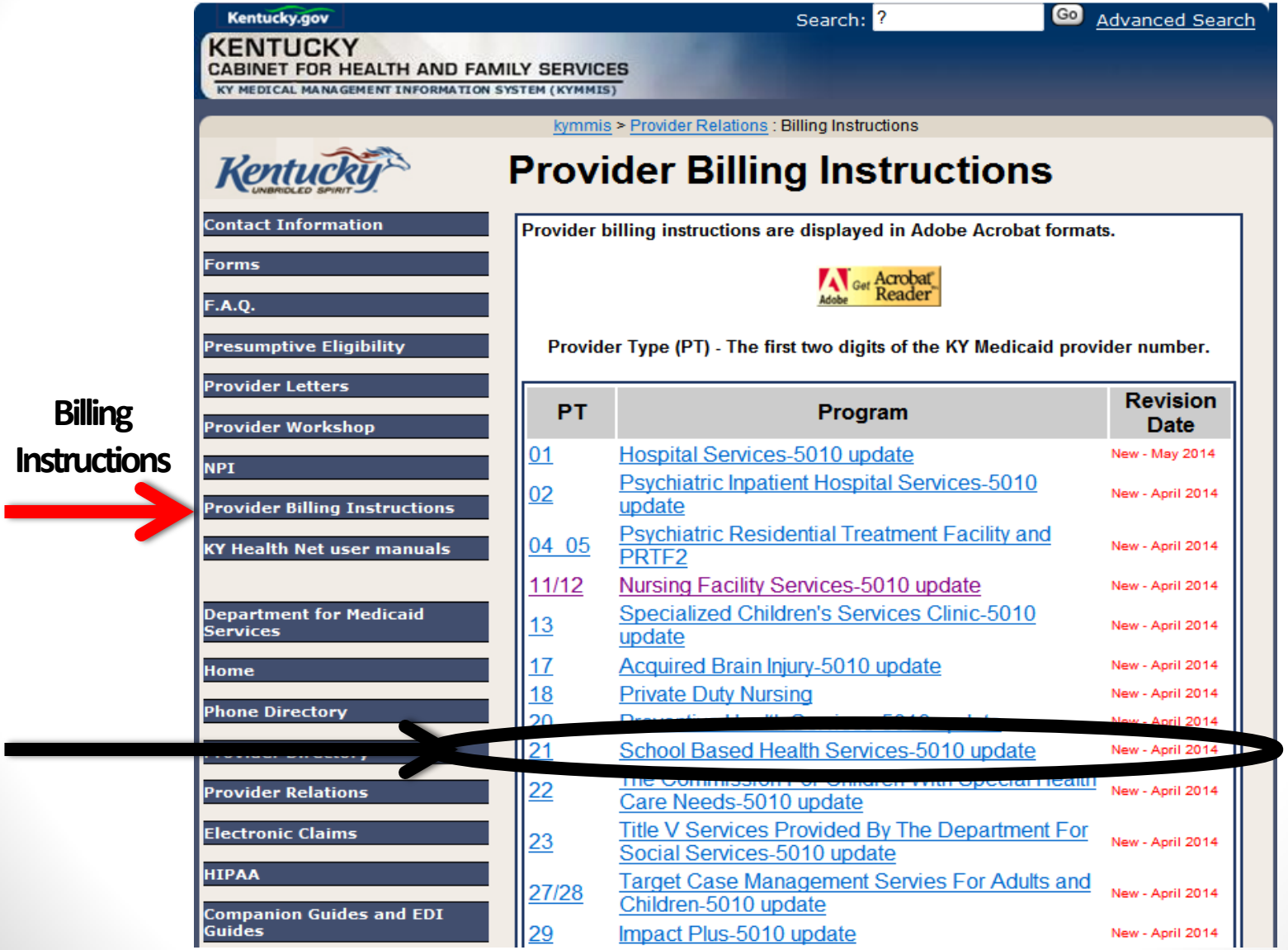
Use when refunding money to Kentucky Medicaid.

Make checks payable to the Kentucky State Treasurer.

KYMMIS Website

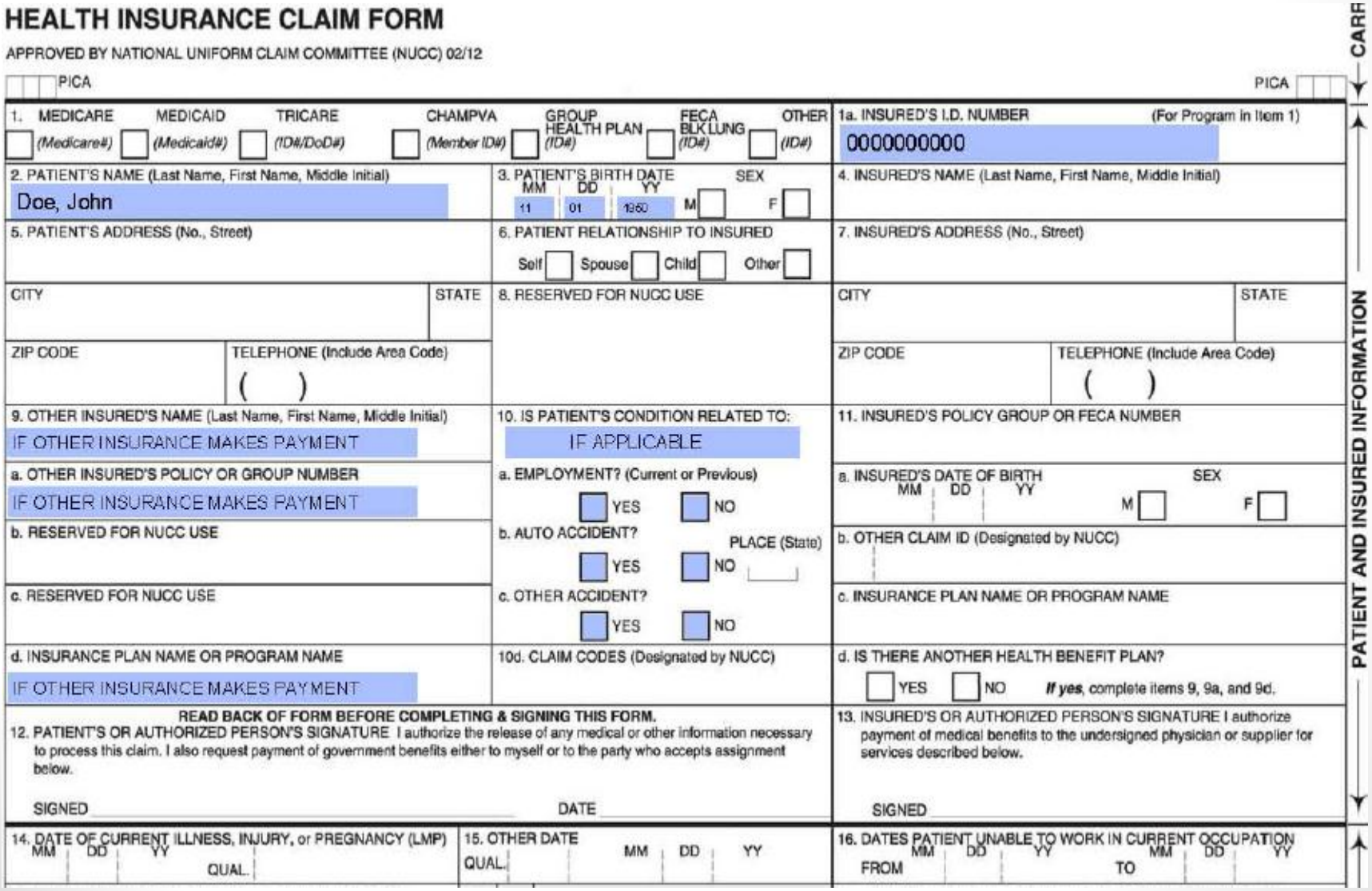
www.kymmis.com

Billing Instructions



Billing Instructions

CMS 1500 Paper Claim Form



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

PICA

1. MEDICARE (Medicare#) | MEDICAID (Medicaid#) | TRICARE (ID#/DoD#) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (ID#) | FECA BLK LUNG (ID#) | OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 0000000000

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Doe, John

3. PATIENT'S BIRTH DATE MM DD YY: 11 01 1950 SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED: Self | Spouse | Child | Other

7. INSURED'S ADDRESS (No., Street)

CITY | STATE

8. RESERVED FOR NUCC USE

CITY | STATE

ZIP CODE | TELEPHONE (Include Area Code) ( )

ZIP CODE | TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial): IF OTHER INSURANCE MAKES PAYMENT

10. IS PATIENT'S CONDITION RELATED TO: IF APPLICABLE

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER: IF OTHER INSURANCE MAKES PAYMENT

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? PLACE (State) YES NO

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME: IF OTHER INSURANCE MAKES PAYMENT

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

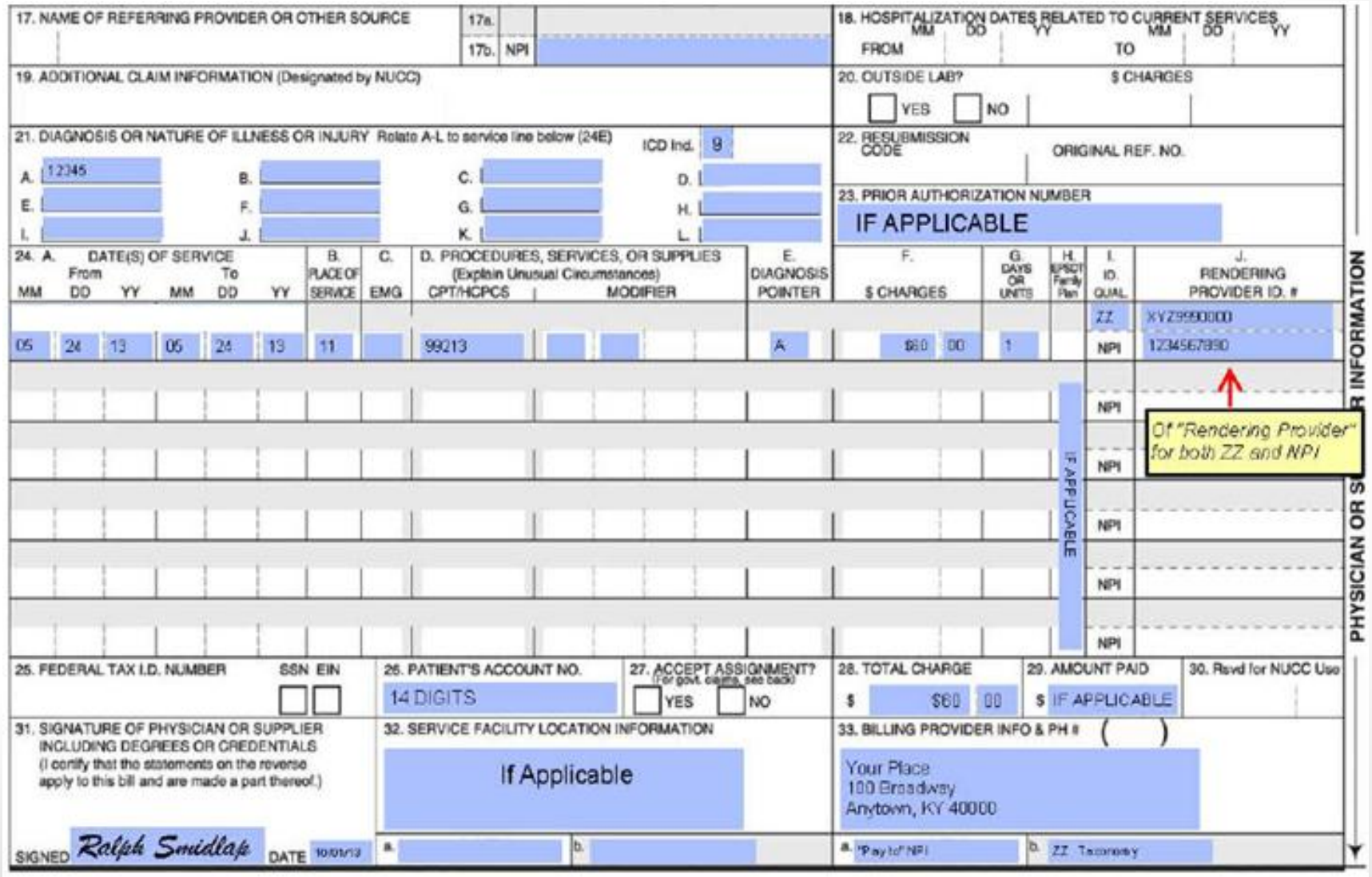
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO

CARR

PATIENT AND INSURED INFORMATION

Billing Instructions

CMS 1500 Claim Form



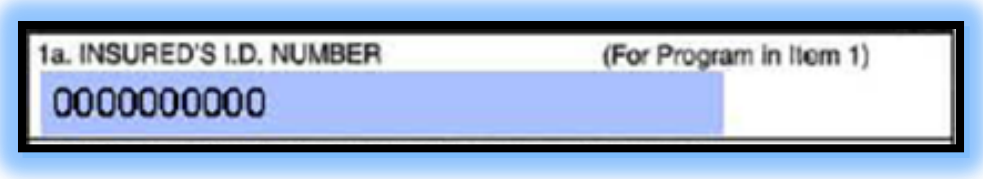
CMS 1500 Claim Form
02/12 Version

- **As of April 1, 2014, all CMS 1500 paper claim forms must be submitted on 02/12 version per CMS.**

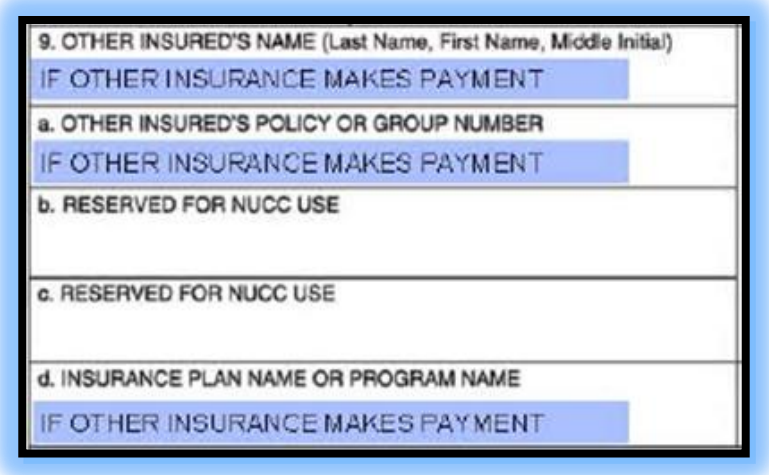
- **All CMS 1500 08/05 version forms submitted to Kentucky Medicaid will be returned to the provider.**

CMS 1500 Claim Form
What Changed on version 02/12

- **Medicaid Member ID# changed from field 9A to <u>field 1A.</u>**

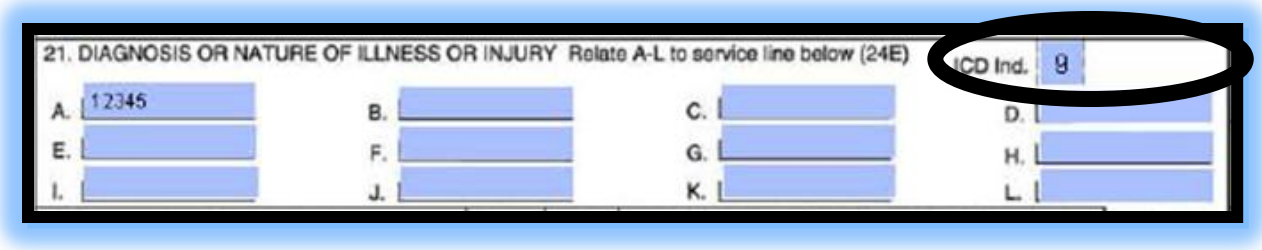


- **Members private commercial insurance information changed from field 11 to <u>9-9d.</u>**



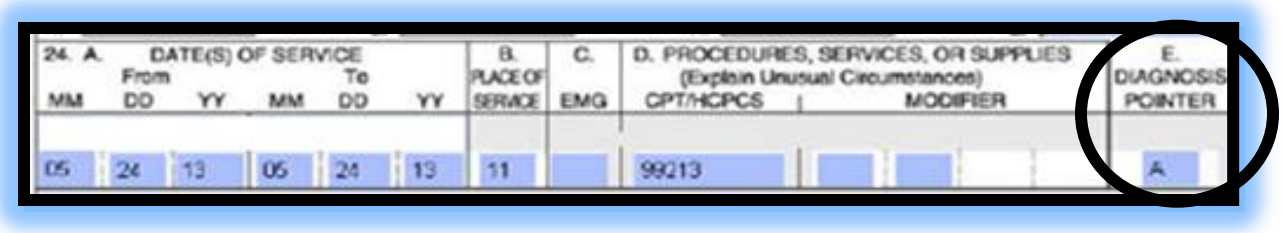
CMS 1500 Claim Form
What Changed on version 02/12

- **Field 21, Diagnosis Code field changed the label from numeric to alpha and the period (.) was removed from the field. (____.__)**
- **There is a ICD indicator in the top right corner of the Diagnosis Code field box to indicate if the code is ICD 9 or ICD 10 CM. Acceptable codes are: 9 for ICD 9; or 0 for ICD 10**



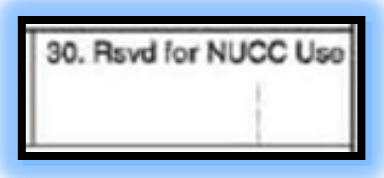
CMS 1500 Claim Form
What Changed on version 02/12

- **Field 24E – Diagnosis Code Indicator (pointer) will no longer be numeric. It will be alpha A – L.**



24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER
05	24	13	05	24	13	11		99213		A

- **Field 30 – amount due is now obsolete.**



KYHealth Net
What is KYHealth Net

KYHealth Net is a web-based system designed to allow Medicaid Providers instant access to:

- **Pertinent member information;**
- **PA request/inquiry;**
- **Claim submission/inquiry/voids/adjustments, and;**
- **RA viewer**

Please keep in mind the information contained on the KYHealth Net system is highly confidential and access should be strictly limited to those with valid reasons.

KYHealth Net
How to obtain access

To obtain access to KYHealth Net:

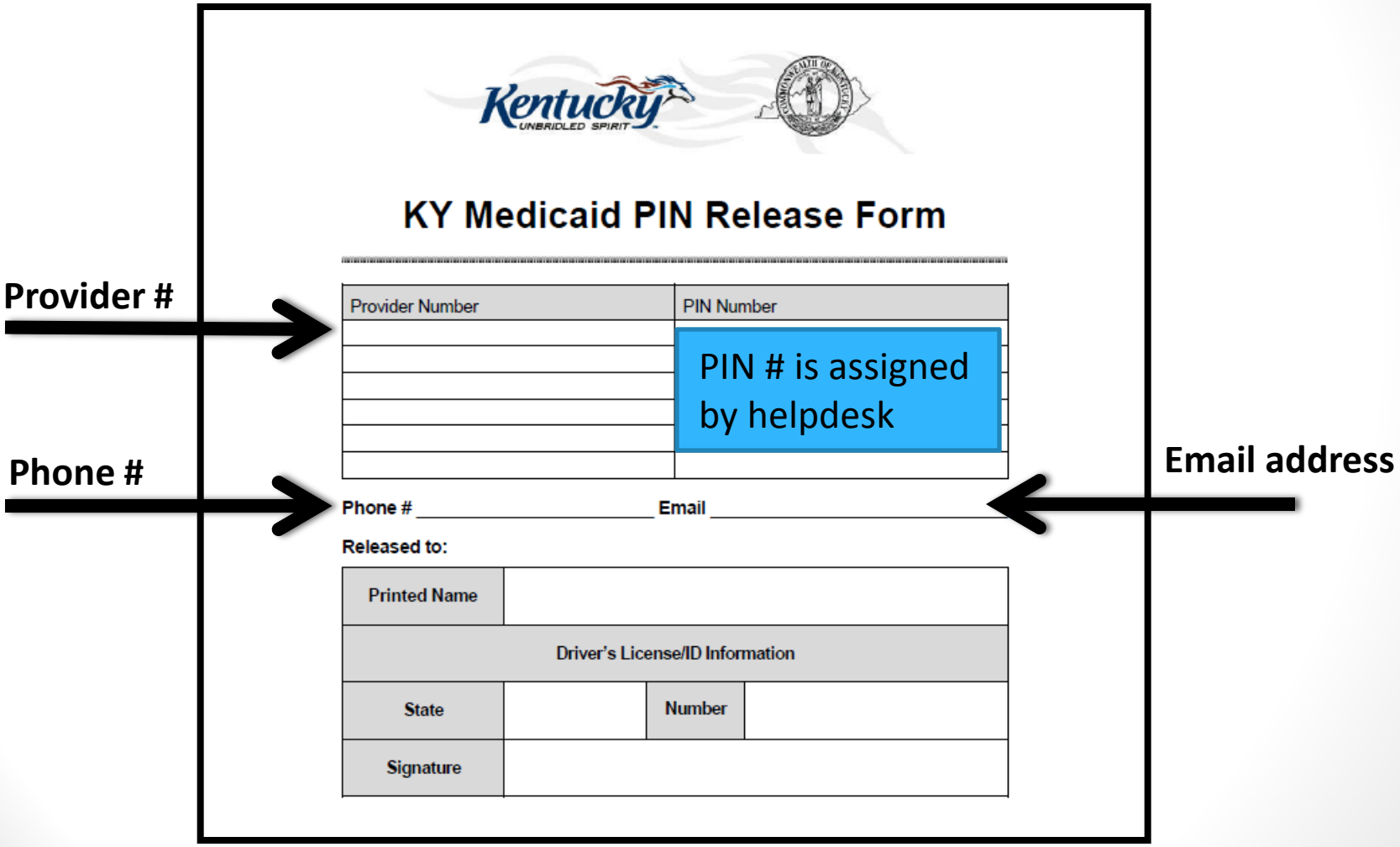
- **Complete a PIN Release form. The form and detailed instructions can be found at www.kymmis.com website.**
  - ⇨ **Click on Electronic Claims, then**
  - ⇨ **Frequently Asked Questions**
  - ⇨ **Scroll down to bottom of page, last paragraph, PIN release form is a hyperlink. Click to open the form.**
- **Fax or Email the completed PIN Release Form with a copy of your drivers license to: Attention = EDI Help Desk.**

  Fax: 502-209-3242

  Email: ky_edi_helpdesk@hp.com

For questions about the PIN Release Form contact EDI Help Desk: Phone (800) 205-4696.

KYHealth Net
PIN Release Form



KYHealth Net
Account Administrator

The first person to request access to KYHealth Net for their provider becomes the Administrator of the providers account.

A Provider Administrator has control of the provider's account, and can grant others access to specific areas of KYHealth Net.

Only one Provider Administrator account can exist for each Kentucky Medicaid provider number.

If the Provider Administrator needs changed, please contact the EDI HELPDESK at (800) 205-4696.

KYHealth Net
Compatibility

KYHealth Net is compatible with Windows 7, Internet Explorer 8, and Adobe 9.

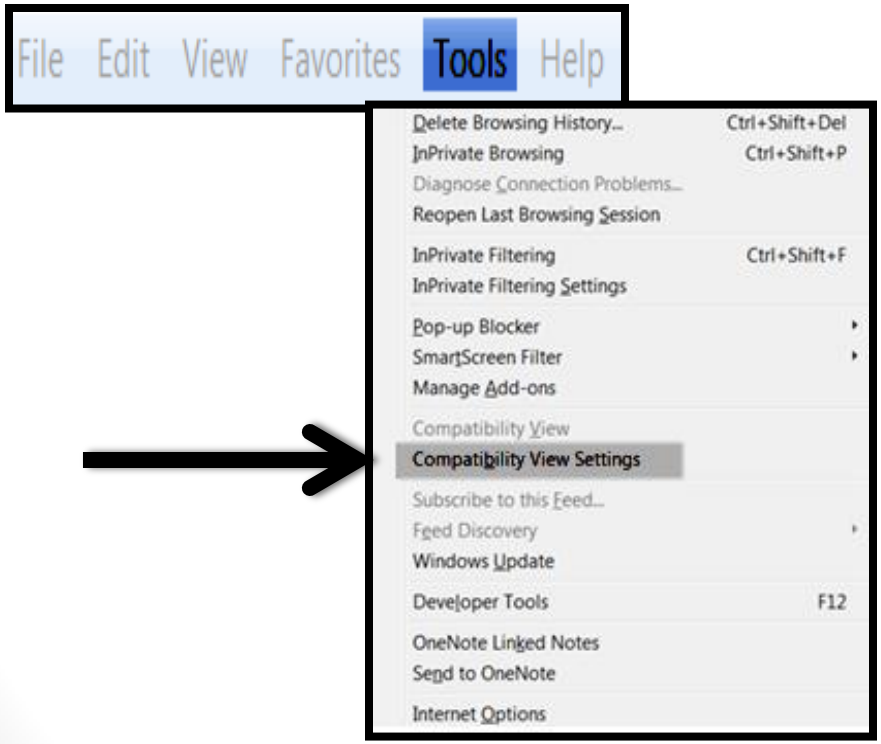
If your computer utilizes Internet Explorer 9 or 10 please check these options and make updates.

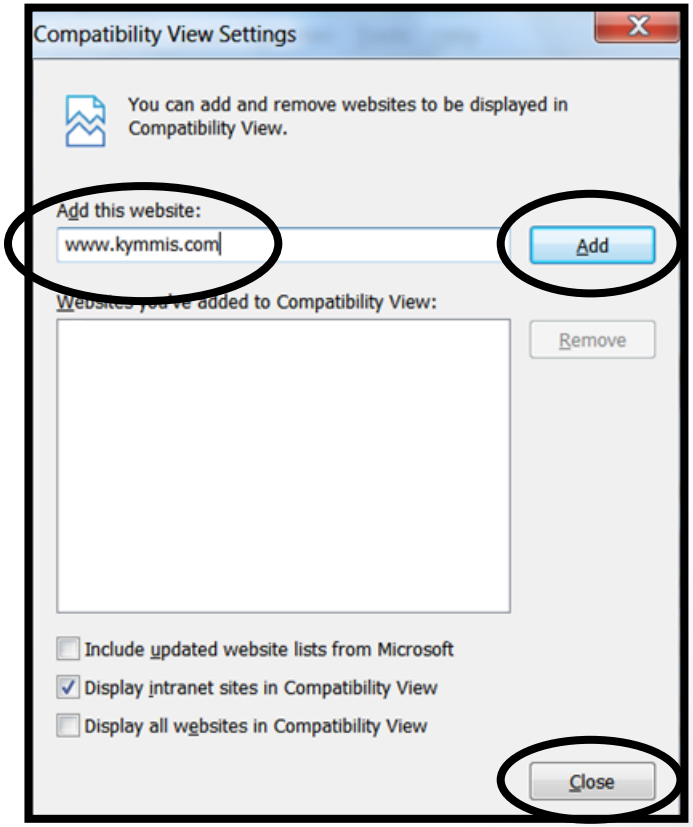
To determine what Windows version you are using:

- **Go to your Internet Explorer**
- **Click on Help (to see what version of IE your computer has)**
- **Click on About Internet Explorer**

KYHealth Net
Compatibility

Click on Tools, then Compatibility view settings	Add the www.kymmis.com website





KYHealth Net
Compatibility

If you are using Windows 8 and Internet Explorer 10:

Windows 8 and Internet Explorer 10 come loaded with scripting turned off.

This needs to be set to allow scripting on at the user's end.

You may need your facilities technical support to assist in this update.

KYHealth Net
User Manual

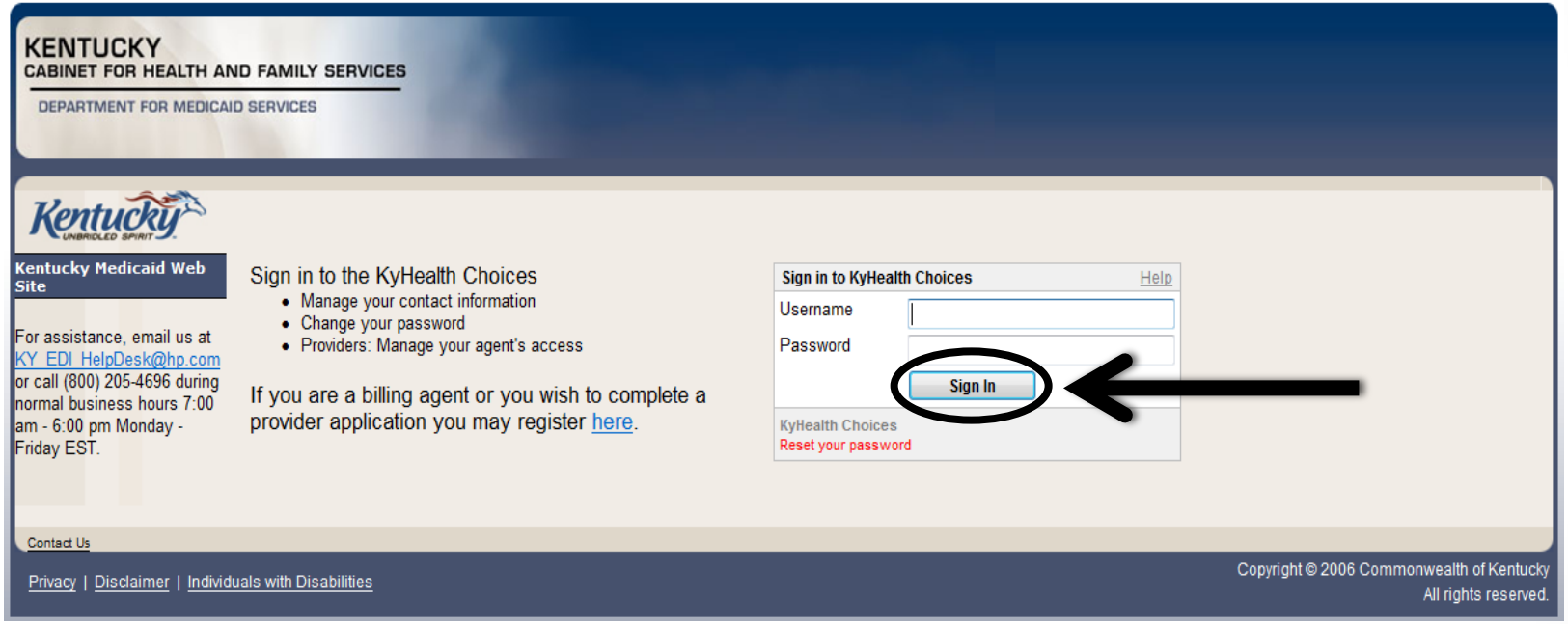
The KYHealth Net User Manual is available for downloading and is designed with step-by-step instructions and screen shots to assist you in navigating through the system.

To download KYHealth Net User Manual go to www.kymmis.com

- ⇨ **Click on Provider Relations**
- ⇨ **Click on KYHealth Net User Manual**
- ⇨ **Click on Professional User Manual to download**

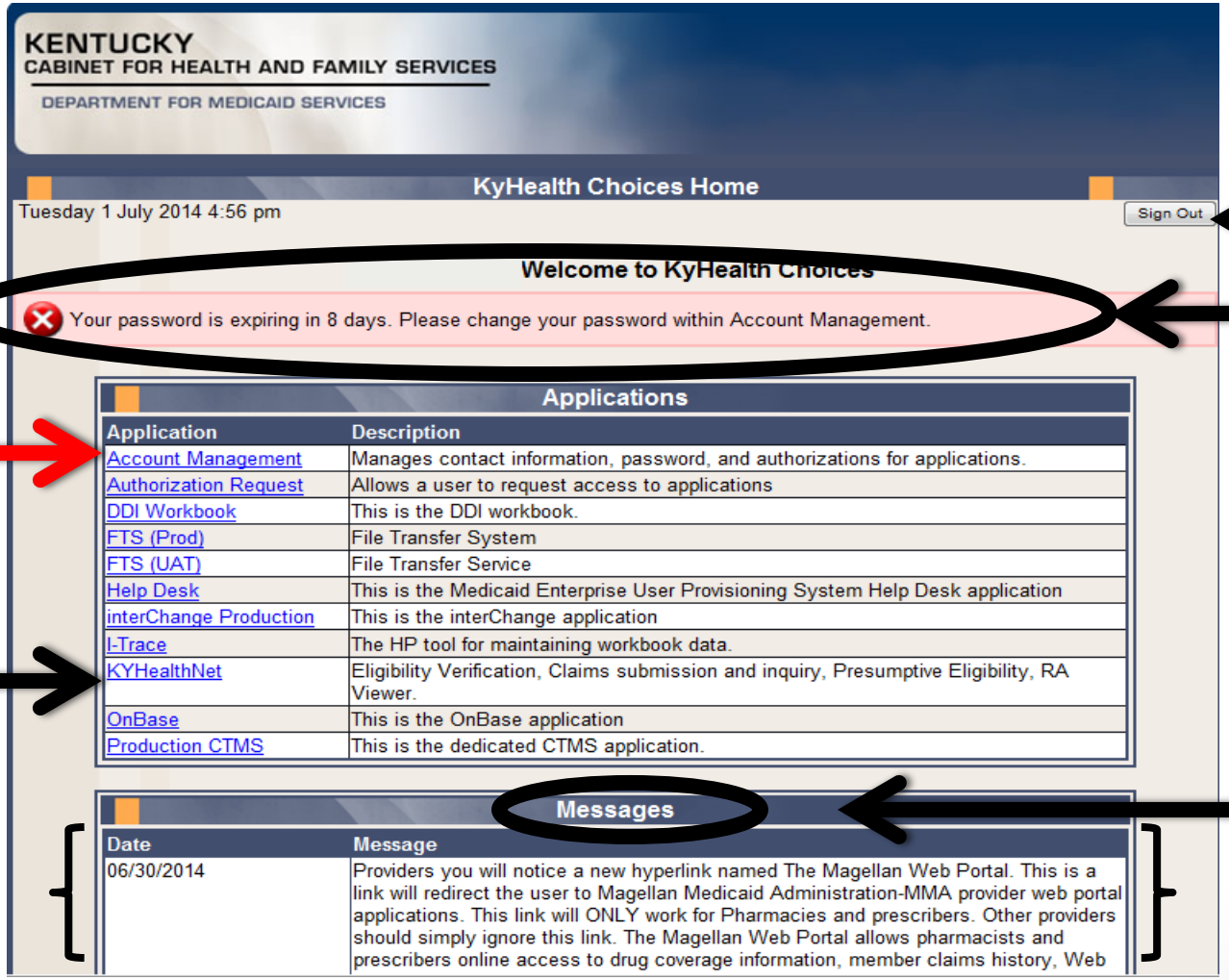
KYHealth Net
Website address

KYHealth Net website address is: https://home.kymmis.com



Your password must be reset every 30 days. An email reminder will be sent to the email address registered with KYHealth Net.

KYHealth Net
Home Page



Sign Out

Warnings

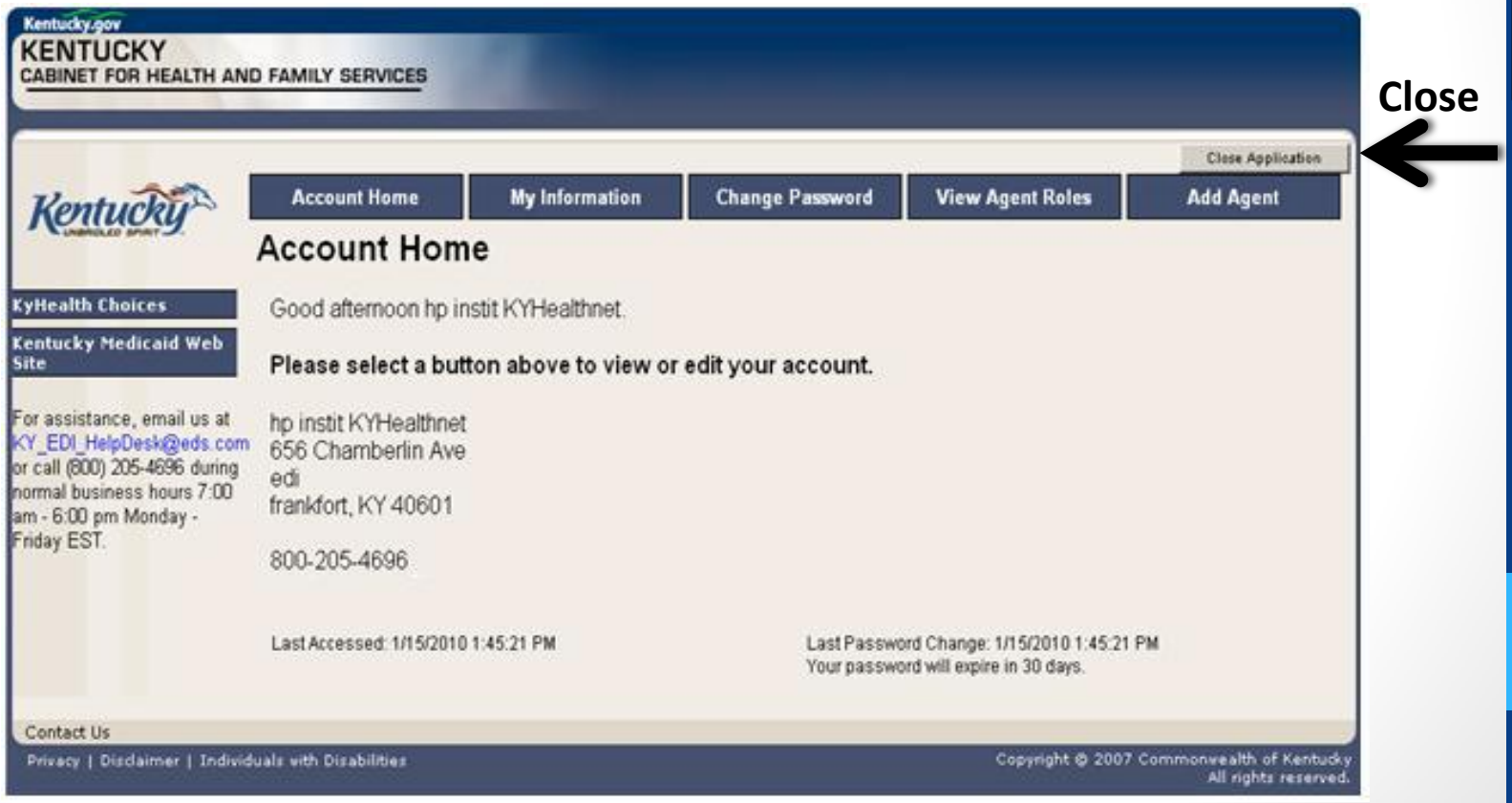
Account Management

KYHealth Net

Messages

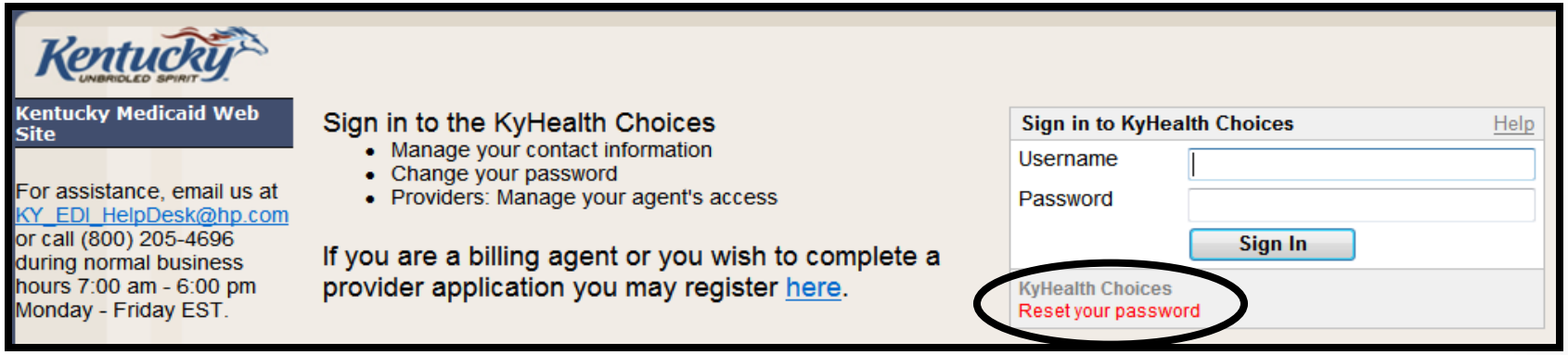
KYHealth Net
Account Management

Clicking on Account Management will open a separate window allowing you to edit your account information. Only Provider Administrators will have options to View Agent Roles and Add Agents.



KYHealth Net
Reset Password

Once you have tried entering your password 3 times, you will become locked out of KYHealth Net.
If you forget to change your password, as required in 30 days, you will become locked out of KYHealth Net.

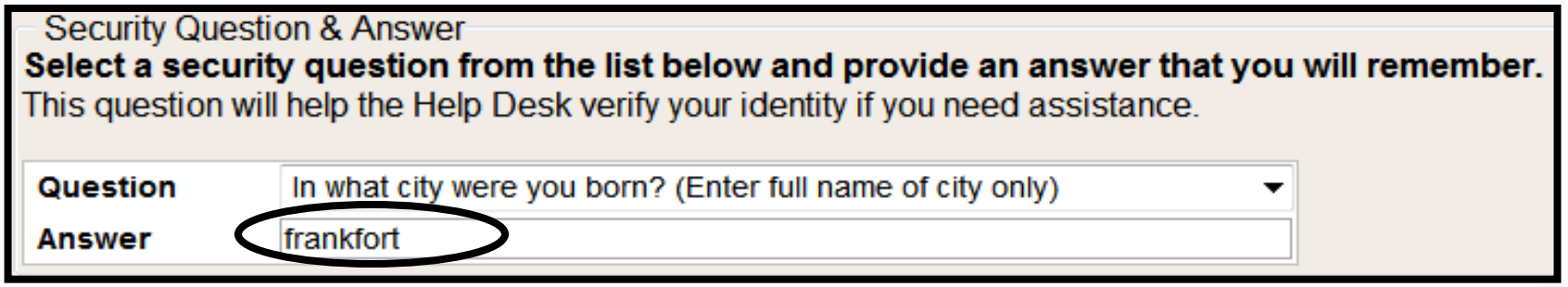


You can reset your password from the sign in page by clicking on Reset Your Password.

KYHealth Net
Reset Password

To reset your password, you must have your Security Question & Answer completed in *Account Management* under *My Information* Tab.

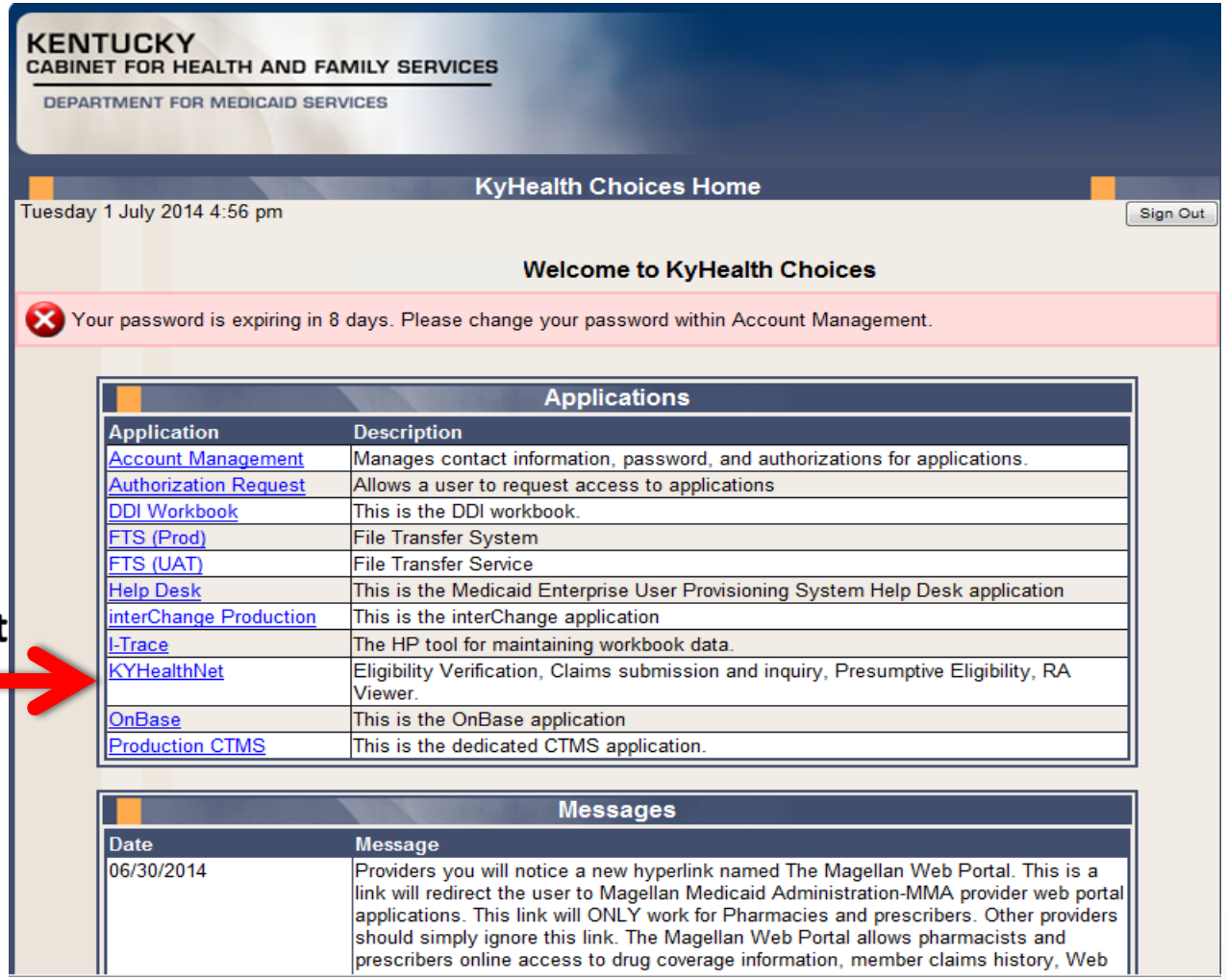
Your security answer is case sensitive.



Once you have tried entering your Security Answer 3 times, you will become locked out.

To have your password reset, you must contact the EDI Help Desk: Phone (800) 205-4696.

KYHealth Net
Getting started



KY HealthNet

KYHealth Net
Prior Authorizations

Submit a Prior Authorization request as soon as IEP is received.

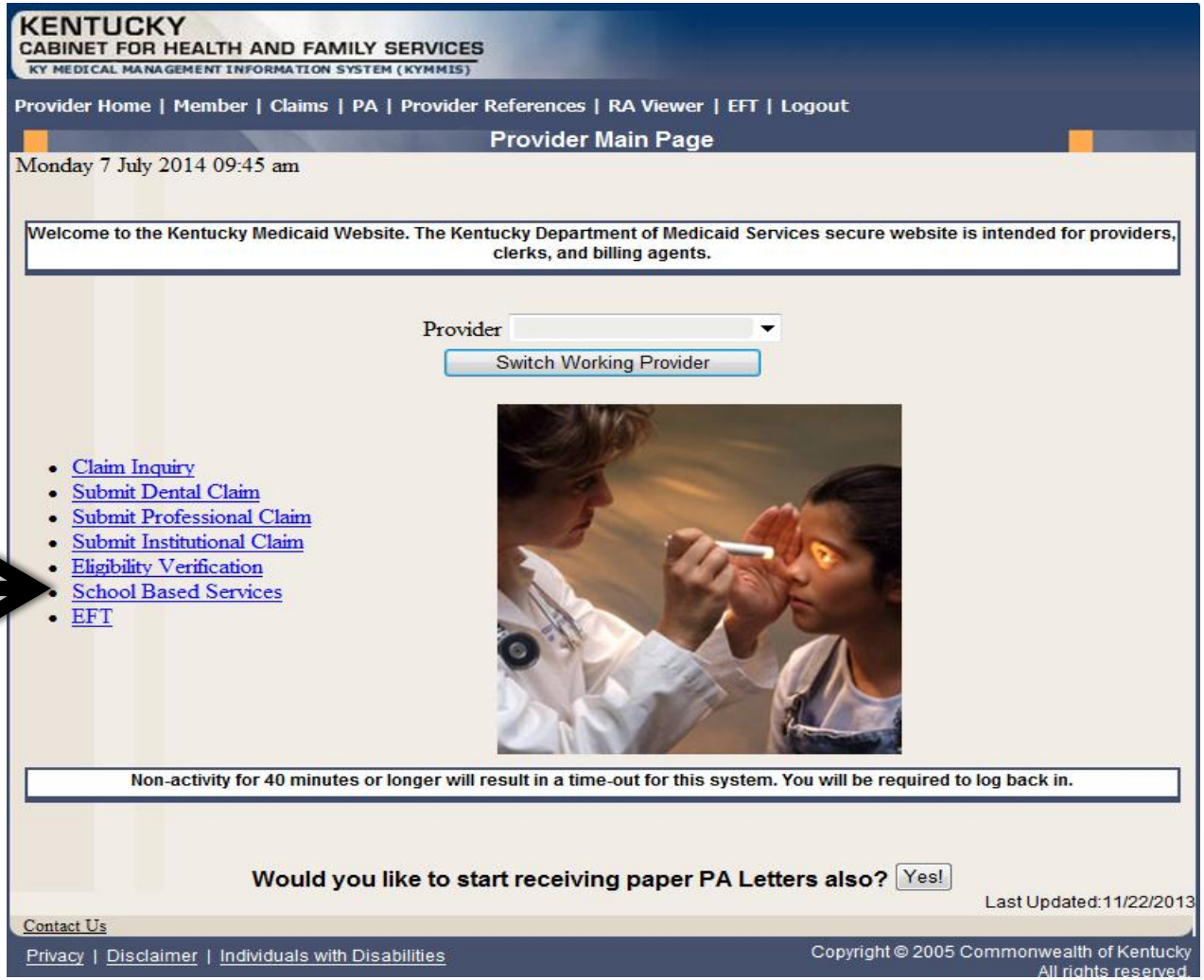
Prior Authorizations requested after services have been delivered could result in non-payment.

Prior Authorizations are for current school year only.

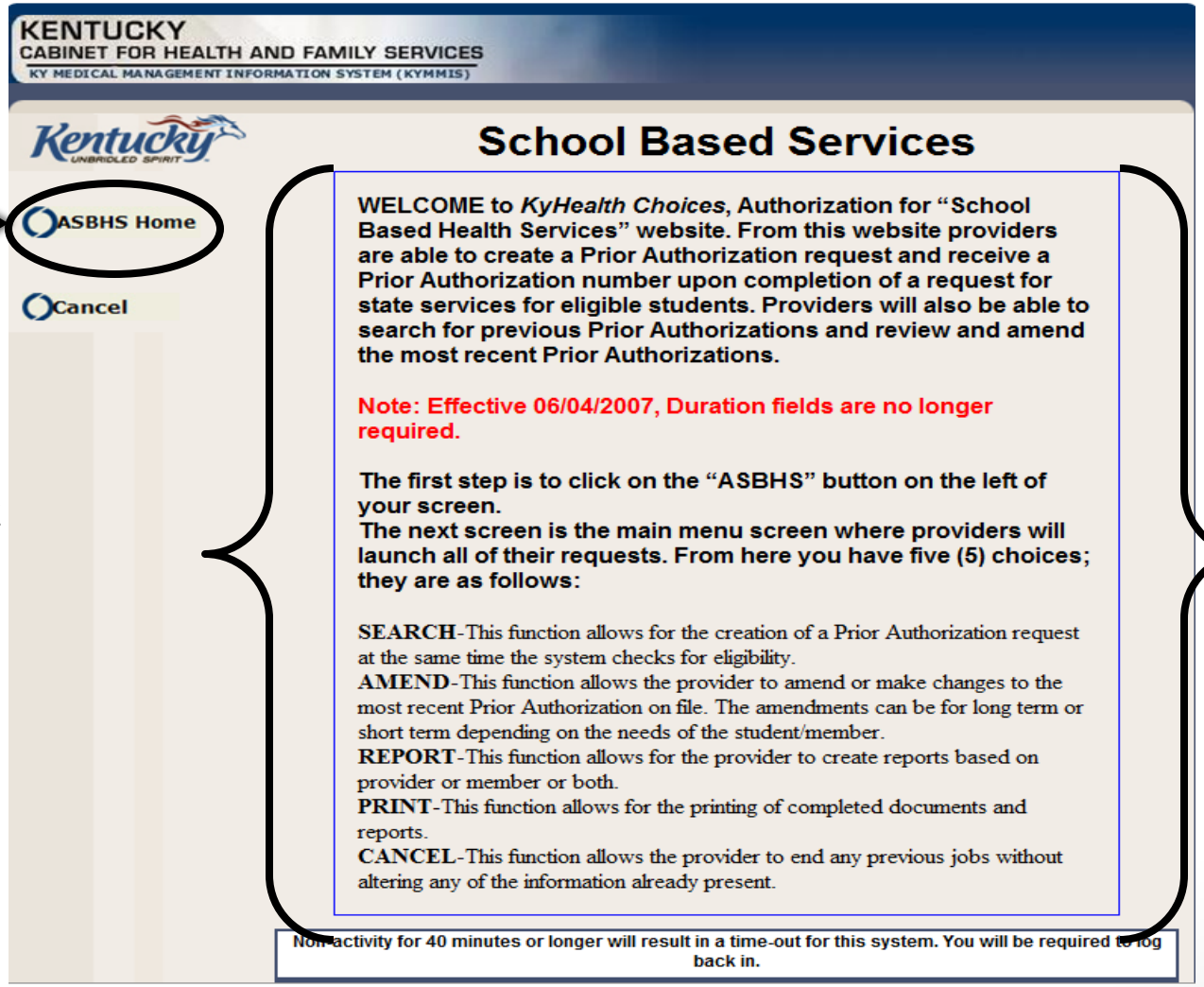
KYHealth Net Prior Authorization school year runs August through July.

KYHealth Net
Prior Authorizations

Click on School Based Services

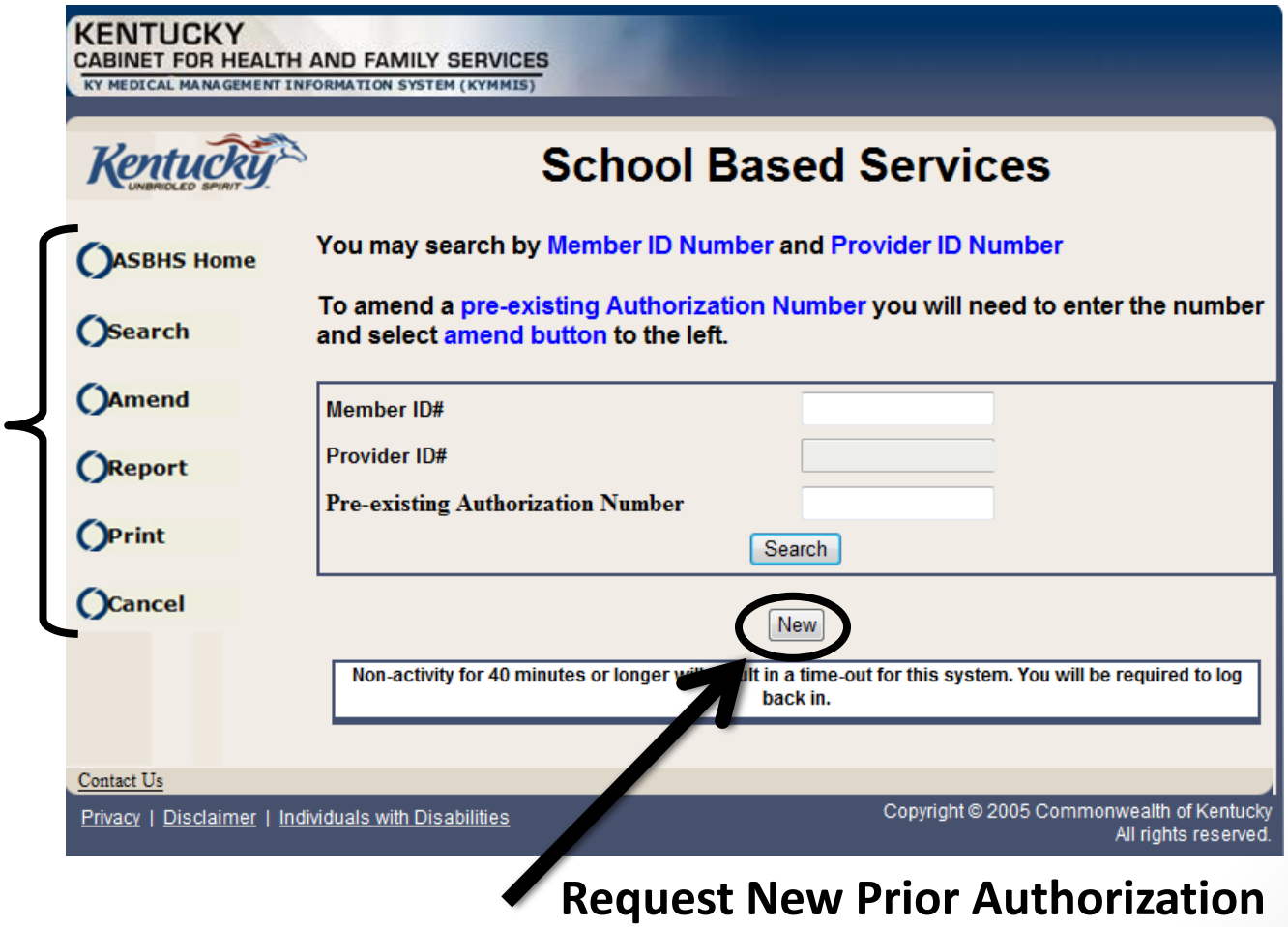


KYHealth Net
Prior Authorizations



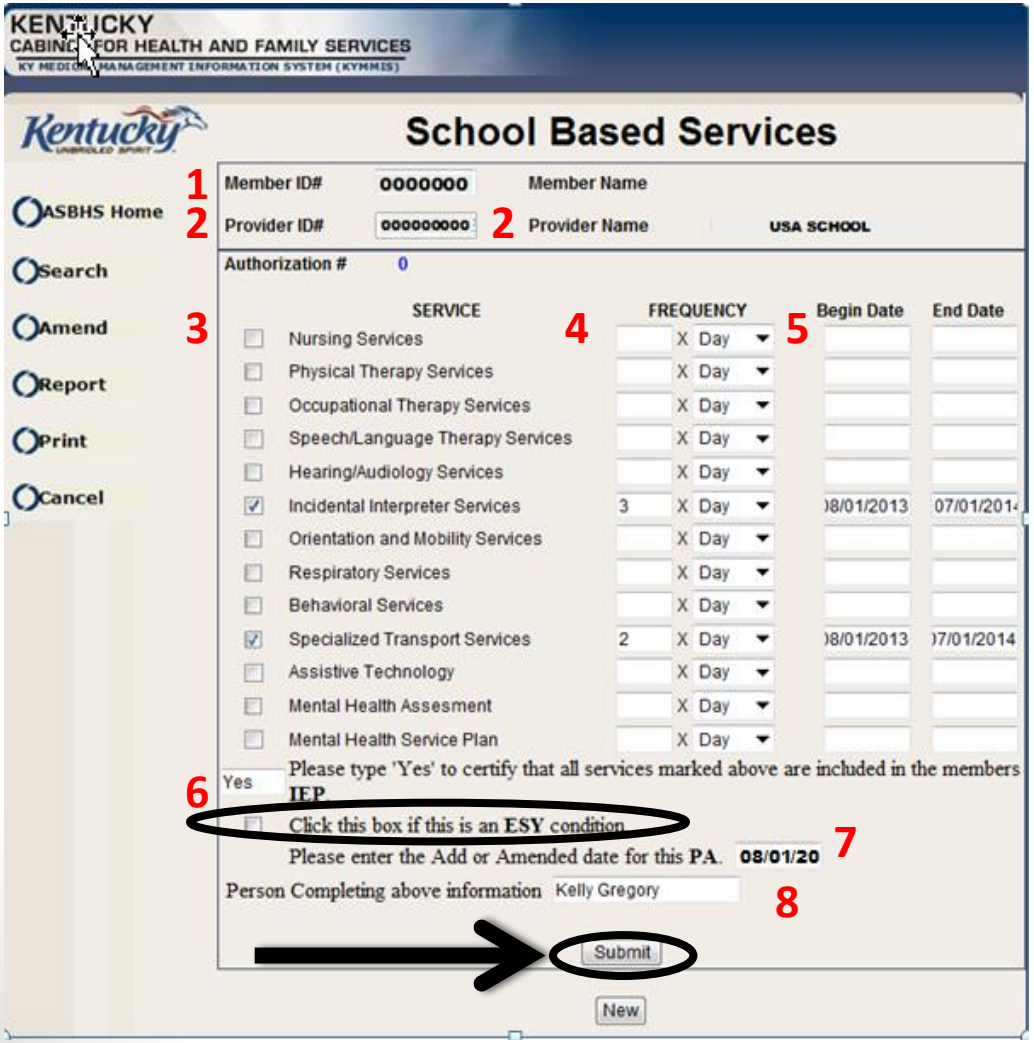
Clicking on Cancel will Take you back To the Home Screen.

KYHealth Net
Prior Authorizations



Request New Prior Authorization

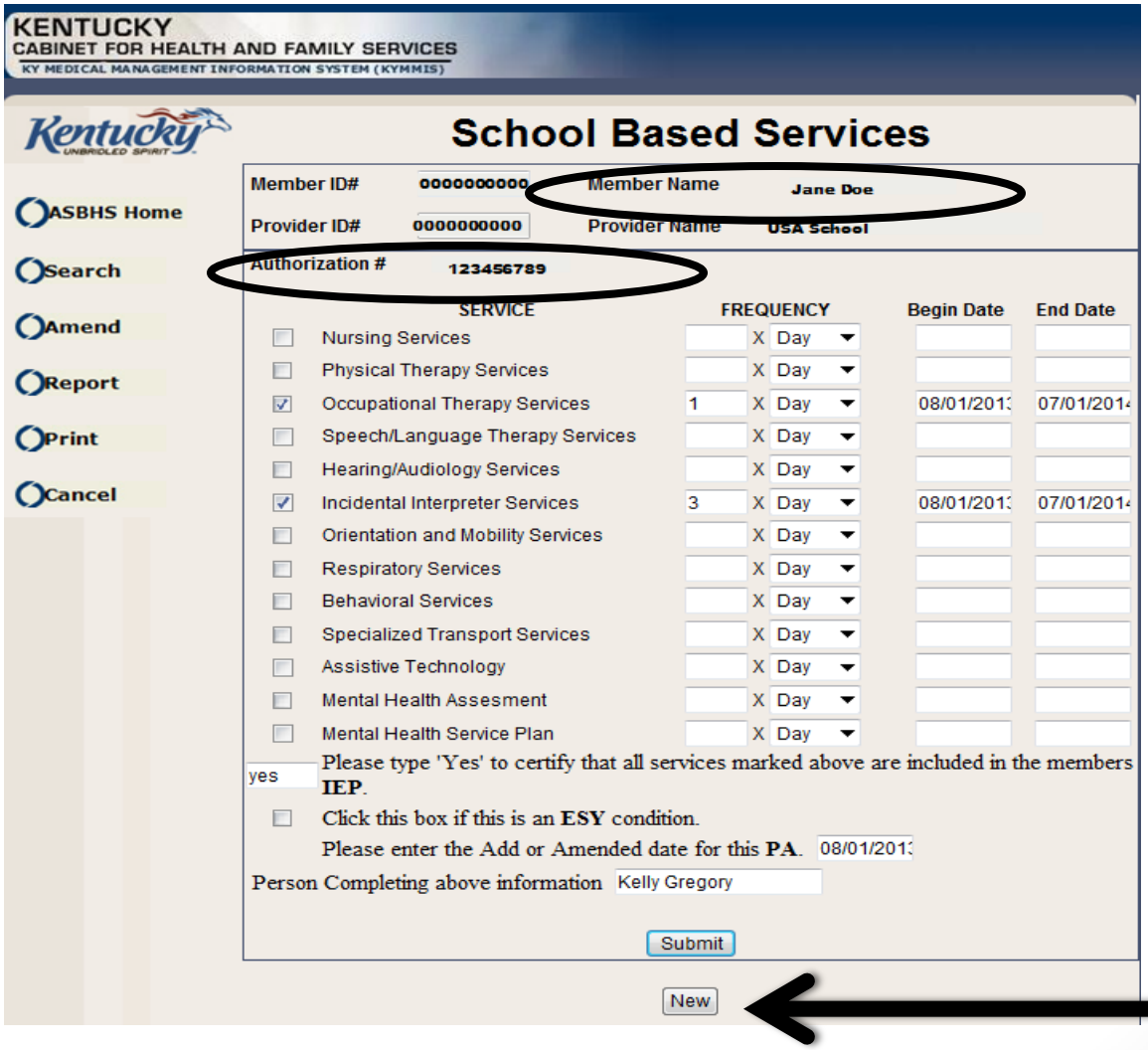
KYHealth Net
Prior Authorizations



1.	Enter the Member ID#
2.	Provider ID# and Provider Name is automatically populated
3.	Select the box(es) next to the Service descriptions
4.	Enter # of times for that service and select the frequency in the drop down: Day, Week, Month, Year
5.	Enter the Begin and End dates of service
6.	Type the word "yes"
7.	Enter the Add or Amended date
8.	Enter your first and last name
9.	Click the "submit" button

KYHealth Net
Prior Authorizations

Once you have clicked Submit, the Member Name and Authorization# will populate.



Click New to Begin entering Another PA.

KYHealth Net

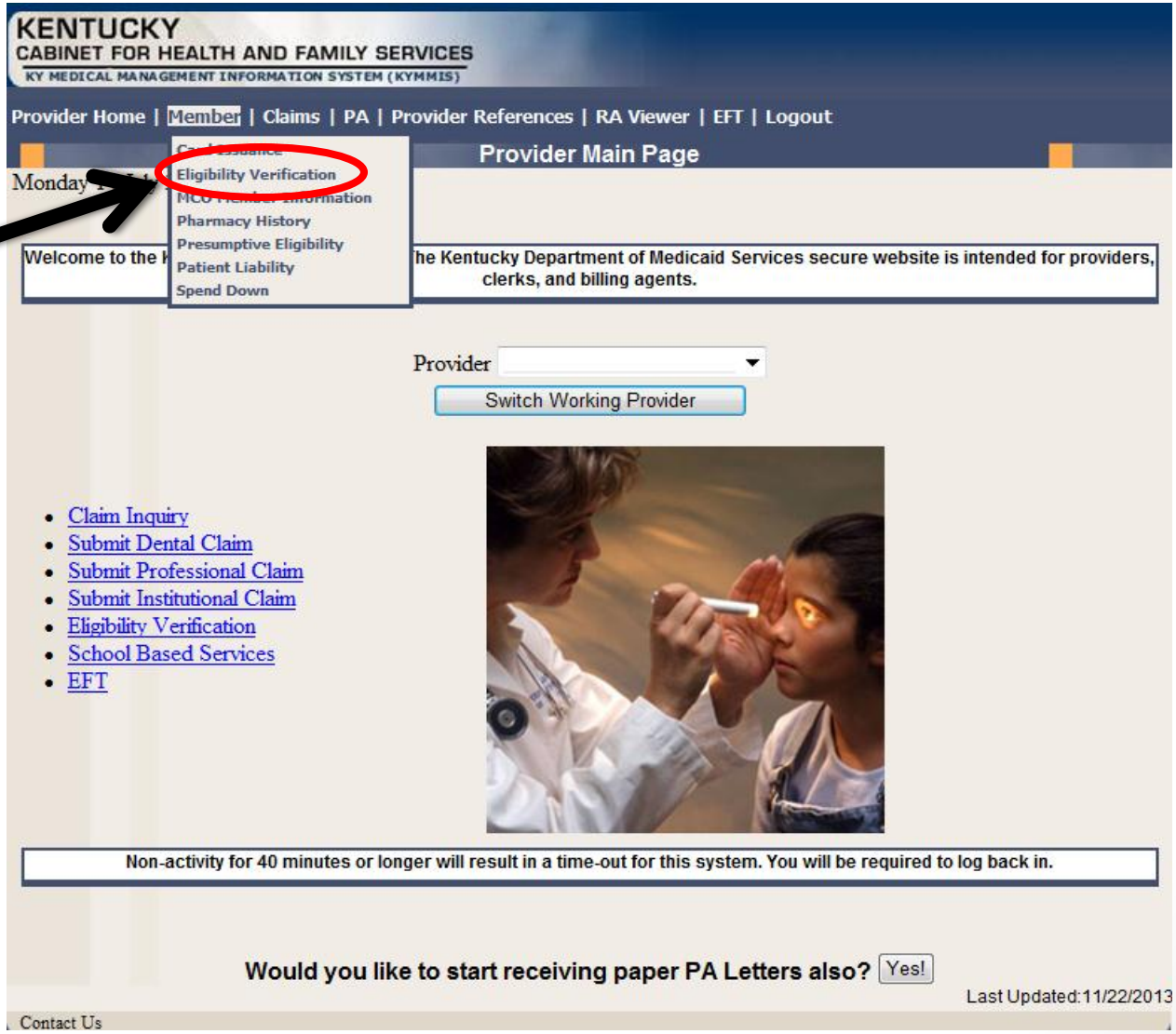
Menu and functions

Menu Selection	Functions
Member	Check eligibility and card issuance
Claims	Check claim status, submit claims, adjust paid claims, or void claims
Prior Authorization (PA)	Download a PA letter or lookup a PA number.
Provider References	Check coverage on procedure code, lookup commercial insurance carrier information, and access other references on the DMS website.
RA Viewer	View and/or download your Remittance Advice.
EFT	allows provider to received EFT payments
Logout	Logs you out of KYHealth Net

KYHealth Net

Member Eligibility Verification

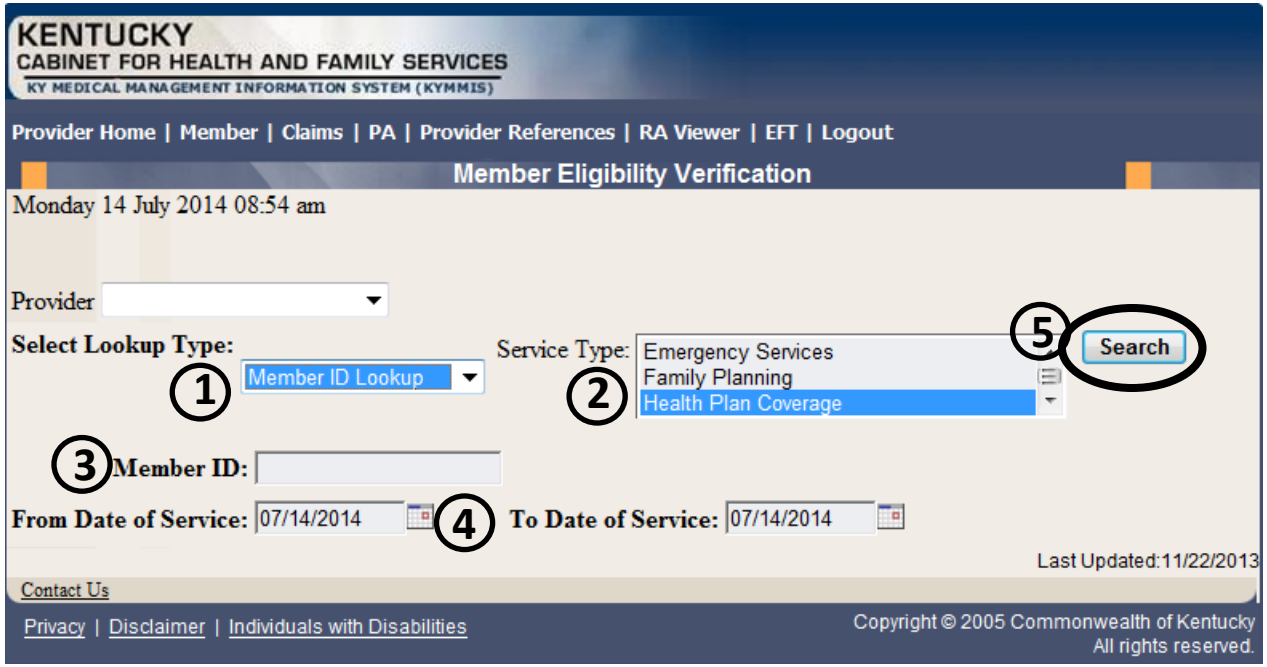
When putting your cursor over a subject, a drop down box appears with additional topics within that subject



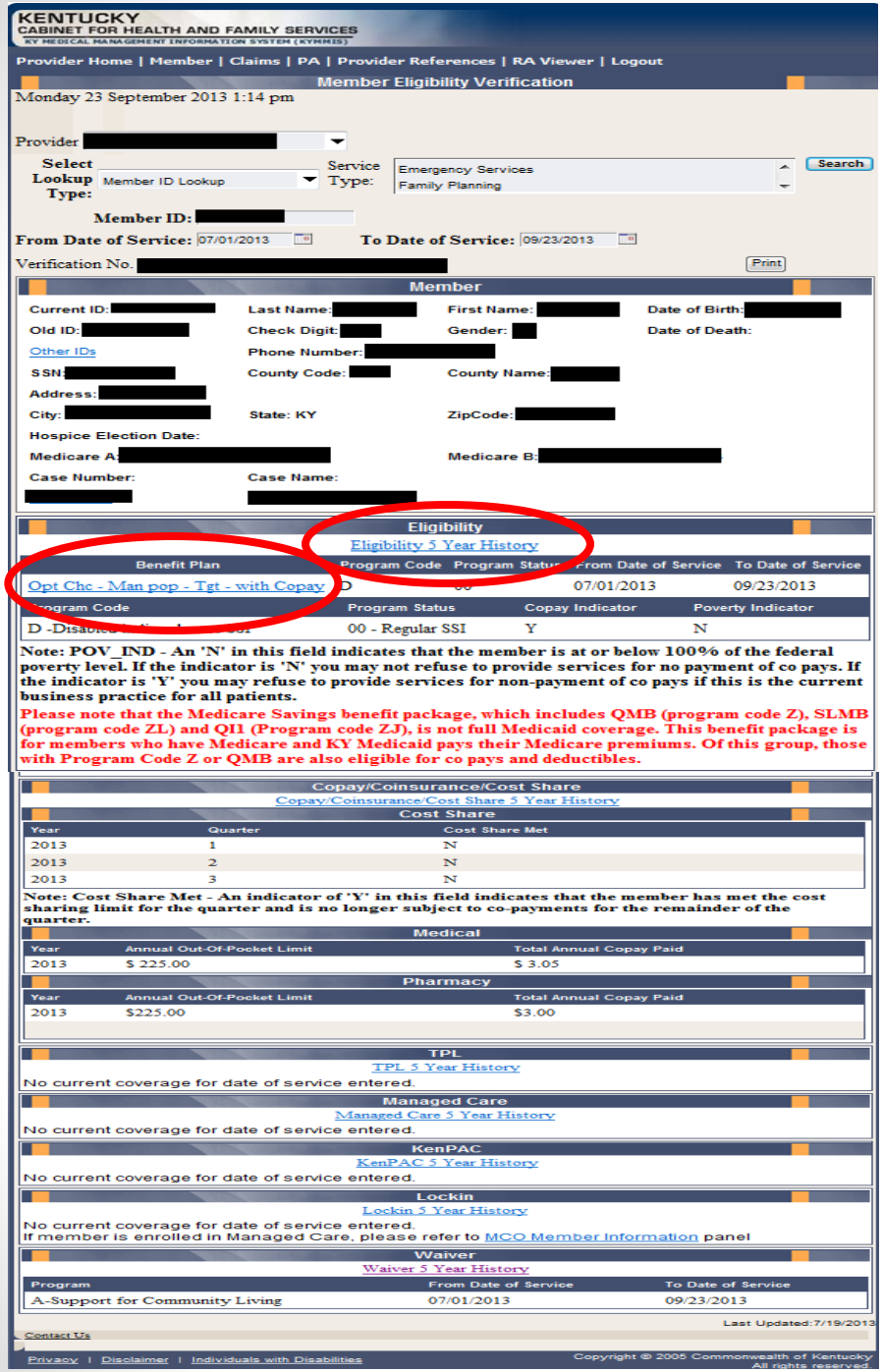
KYHealth Net

Member Eligibility Verification

Select "Eligibility Verification" Under Member



1. Select Lookup Type: In the drop down box, select how you would like to look up the member - Member ID# or SSN#
2. Service Type: Health Plan Coverage is Automatically selected
3. Member ID: Enter member ID# or SSN#
4. From and To Date of Service: Enter the dates you are checking eligibility
5. Click on Search



KYHealth Net
Member Eligibility Verification

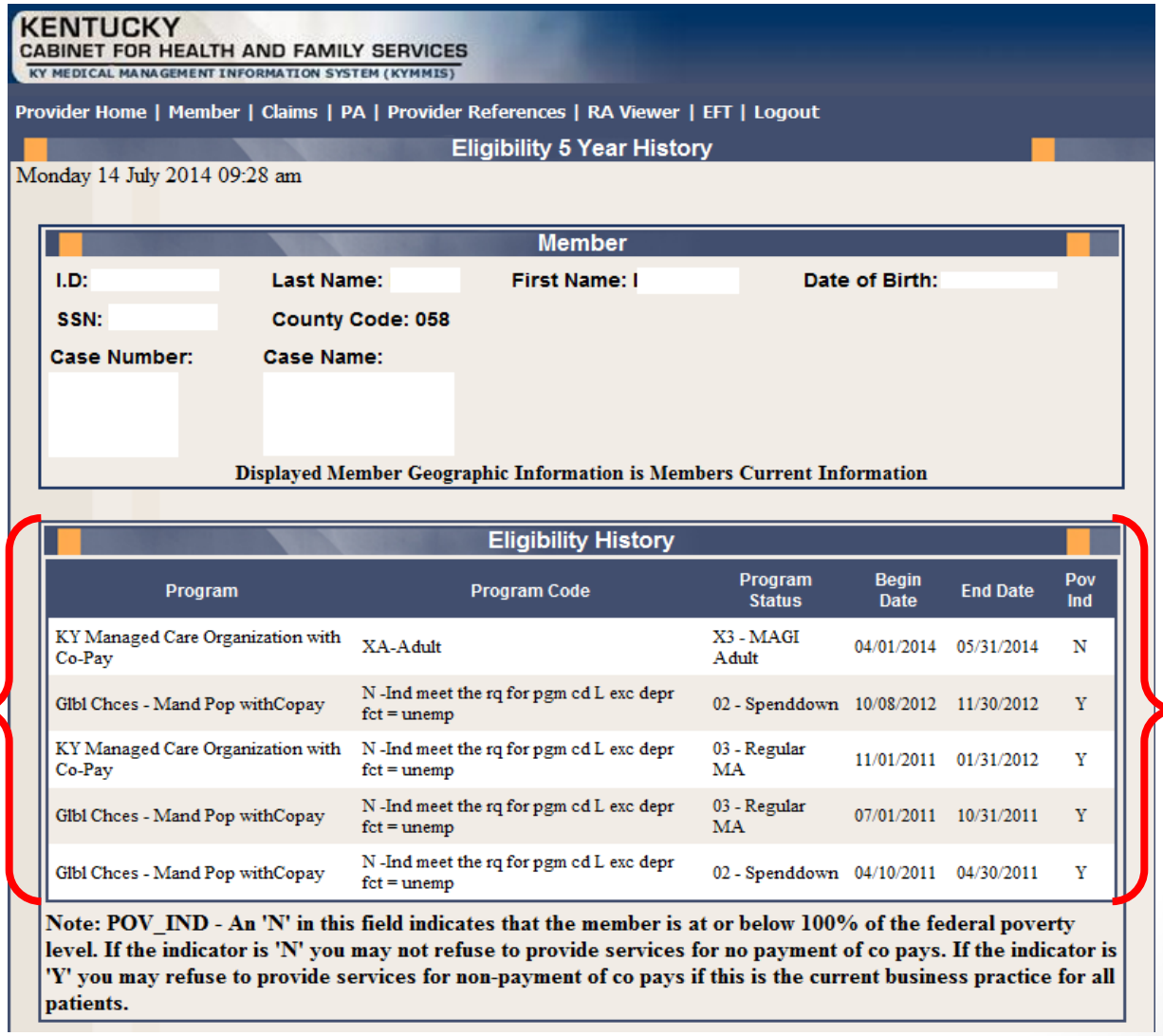
- Words in blue and underlined are Hyperlinks.
- Clicking on a Hyperlink will open more details of that subject.

- Eligibility 5 Year History
- Benefit Plan

KYHealth Net
Member Eligibility Verification

- Eligibility 5 Year History

Details of Members Eligibility History: Program and Eligibility Dates



KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | EFT | Logout

Eligibility 5 Year History

Monday 14 July 2014 09:28 am

Member

I.D: Last Name: First Name: I Date of Birth:

SSN: County Code: 058

Case Number: Case Name:

Displayed Member Geographic Information is Members Current Information

Eligibility History

Program	Program Code	Program Status	Begin Date	End Date	Pov Ind
KY Managed Care Organization with Co-Pay	XA-Adult	X3 - MAGI Adult	04/01/2014	05/31/2014	N
Glbl Chces - Mand Pop withCopay	N -Ind meet the rq for pgm cd L exc depr fct = unemp	02 - Spenddown	10/08/2012	11/30/2012	Y
KY Managed Care Organization with Co-Pay	N -Ind meet the rq for pgm cd L exc depr fct = unemp	03 - Regular MA	11/01/2011	01/31/2012	Y
Glbl Chces - Mand Pop withCopay	N -Ind meet the rq for pgm cd L exc depr fct = unemp	03 - Regular MA	07/01/2011	10/31/2011	Y
Glbl Chces - Mand Pop withCopay	N -Ind meet the rq for pgm cd L exc depr fct = unemp	02 - Spenddown	04/10/2011	04/30/2011	Y

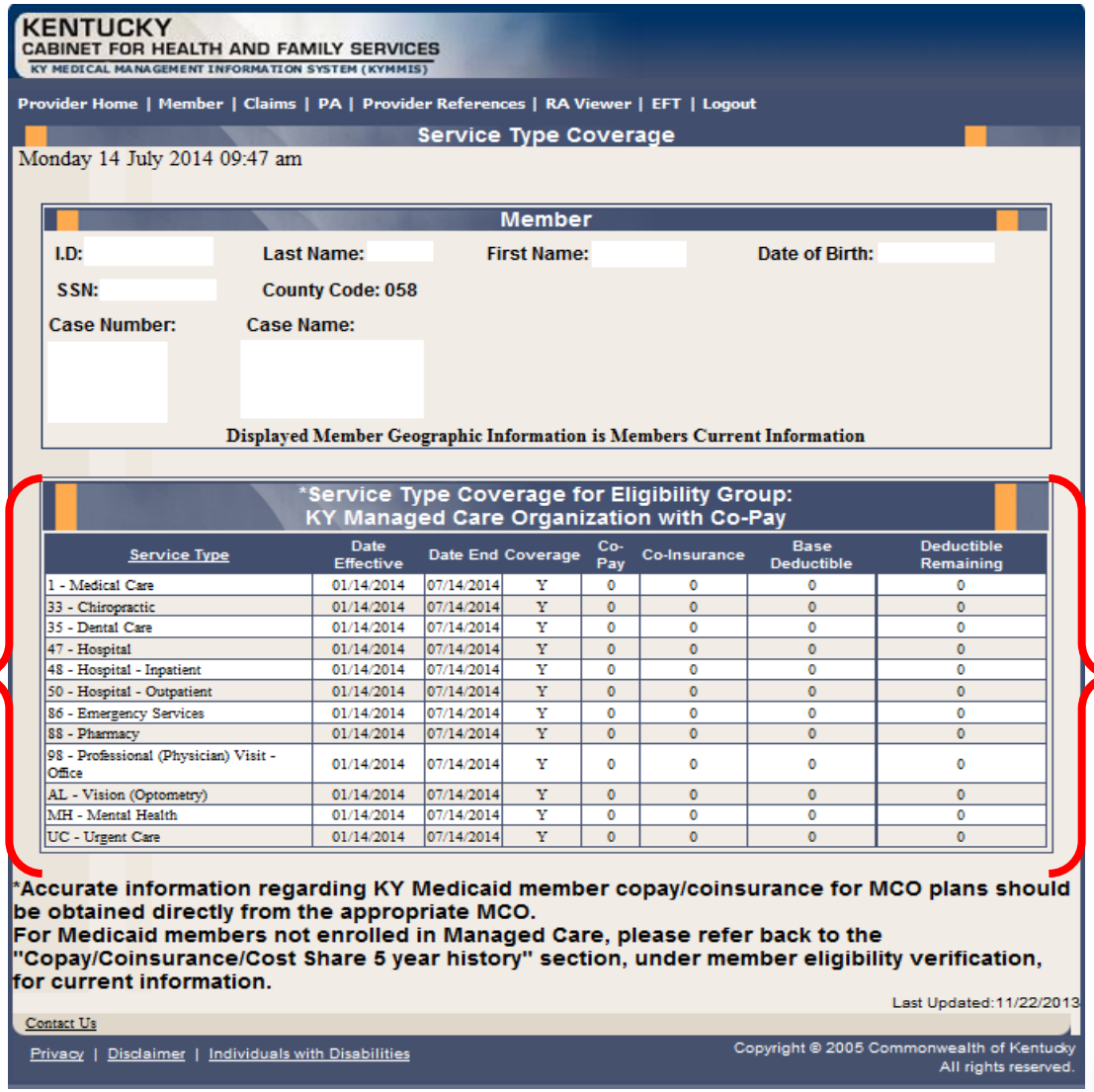
Note: POV_IND - An 'N' in this field indicates that the member is at or below 100% of the federal poverty level. If the indicator is 'N' you may not refuse to provide services for no payment of co pays. If the indicator is 'Y' you may refuse to provide services for non-payment of co pays if this is the current business practice for all patients.

KYHealth Net

Member Eligibility Verification

- **Benefit Plan**

Types of Services covered



KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | EFT | Logout

Service Type Coverage

Monday 14 July 2014 09:47 am

Member

I.D: Last Name: First Name: Date of Birth:

SSN: County Code: 058

Case Number: Case Name:

Displayed Member Geographic Information is Members Current Information

*Service Type Coverage for Eligibility Group:
KY Managed Care Organization with Co-Pay

Service Type	Date Effective	Date End Coverage		Co-Pay	Co-Insurance	Base Deductible	Deductible Remaining
1 - Medical Care	01/14/2014	07/14/2014	Y	0	0	0	0
33 - Chiropractic	01/14/2014	07/14/2014	Y	0	0	0	0
35 - Dental Care	01/14/2014	07/14/2014	Y	0	0	0	0
47 - Hospital	01/14/2014	07/14/2014	Y	0	0	0	0
48 - Hospital - Inpatient	01/14/2014	07/14/2014	Y	0	0	0	0
50 - Hospital - Outpatient	01/14/2014	07/14/2014	Y	0	0	0	0
86 - Emergency Services	01/14/2014	07/14/2014	Y	0	0	0	0
88 - Pharmacy	01/14/2014	07/14/2014	Y	0	0	0	0
98 - Professional (Physician) Visit - Office	01/14/2014	07/14/2014	Y	0	0	0	0
AL - Vision (Optometry)	01/14/2014	07/14/2014	Y	0	0	0	0
MH - Mental Health	01/14/2014	07/14/2014	Y	0	0	0	0
UC - Urgent Care	01/14/2014	07/14/2014	Y	0	0	0	0

*Accurate information regarding KY Medicaid member copay/coinsurance for MCO plans should be obtained directly from the appropriate MCO.
For Medicaid members not enrolled in Managed Care, please refer back to the "Copay/Coinsurance/Cost Share 5 year history" section, under member eligibility verification, for current information.

Last Updated:11/22/2013

Contact Us

Privacy | Disclaimer | Individuals with Disabilities

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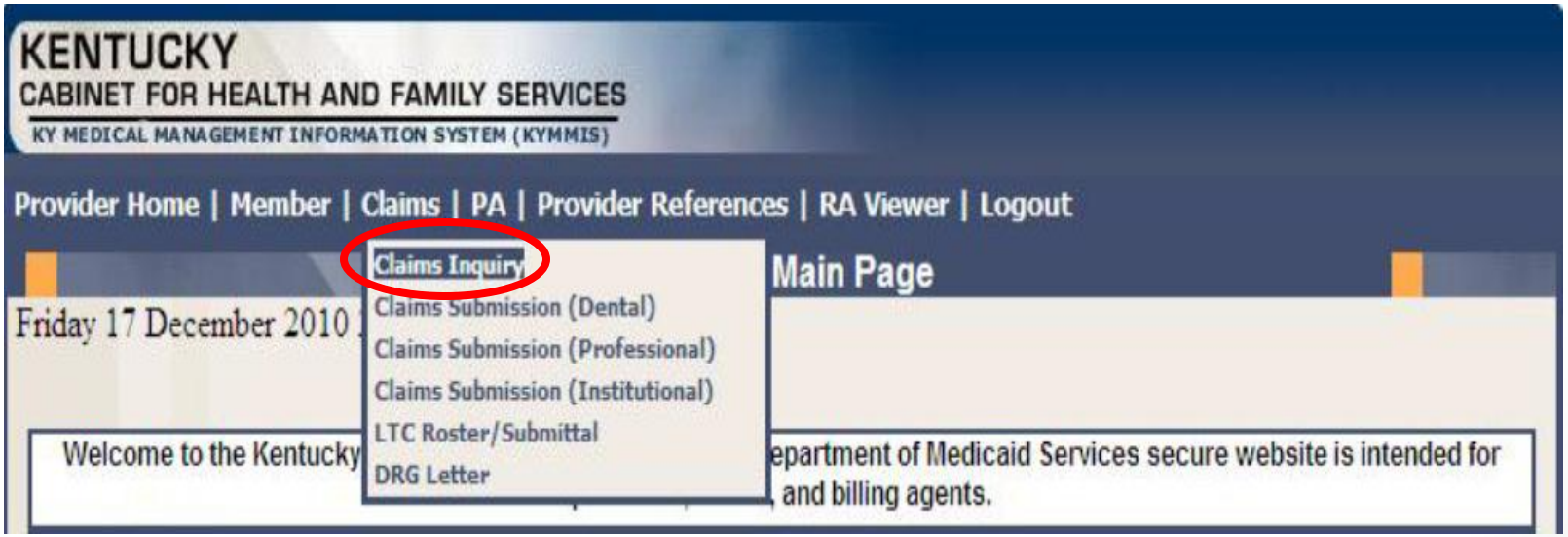
KYHealth Net
Claim Inquiry

Claim Inquiry

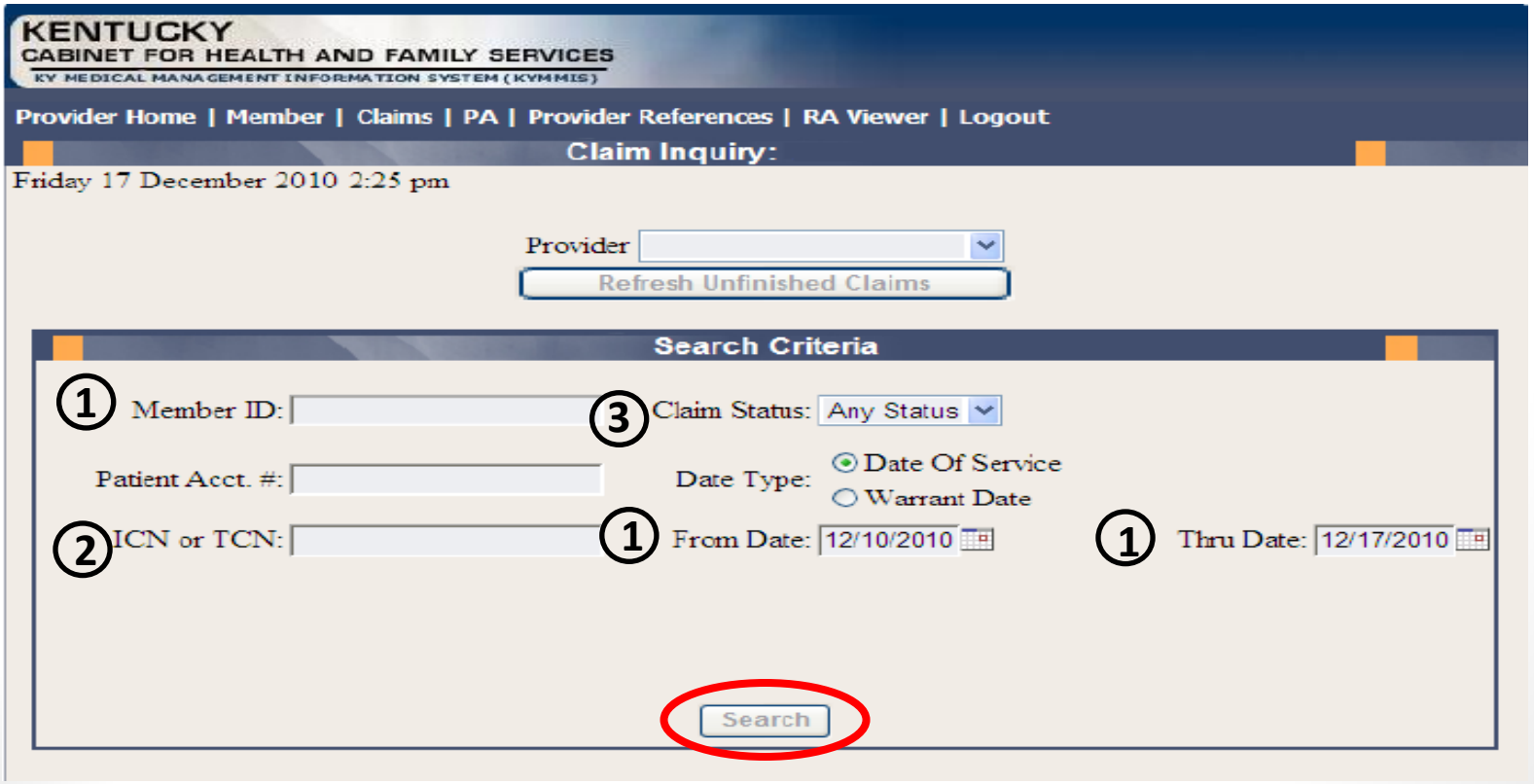
- **Place cursor over Claims in the Menu.**
- **Choose "Claims Inquiry" from the drop-down.**



KYHealth Net
Claim Inquiry

Search by:

1. **Member ID# and dates of service or,**
2. **ICN# only - Remove dates of service**
3. **Claim status**



KYHealth Net
Claim Inquiry

The ICN# is a hyperlink.

Click on the ICN# to view claim details, adjust or void

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | EFT | Logout

Claim Inquiry: 1396883153

Monday 14 July 2014 10:53 am

Provider

Refresh Unfinished Claims

Search Criteria

Member ID: Claim Status: Any Status

Patient Acct. #: Date Type: Date Of Service / Warrant Date

ICN or TCN: From Date: 01/01/201 Thru Date: 12/31/201

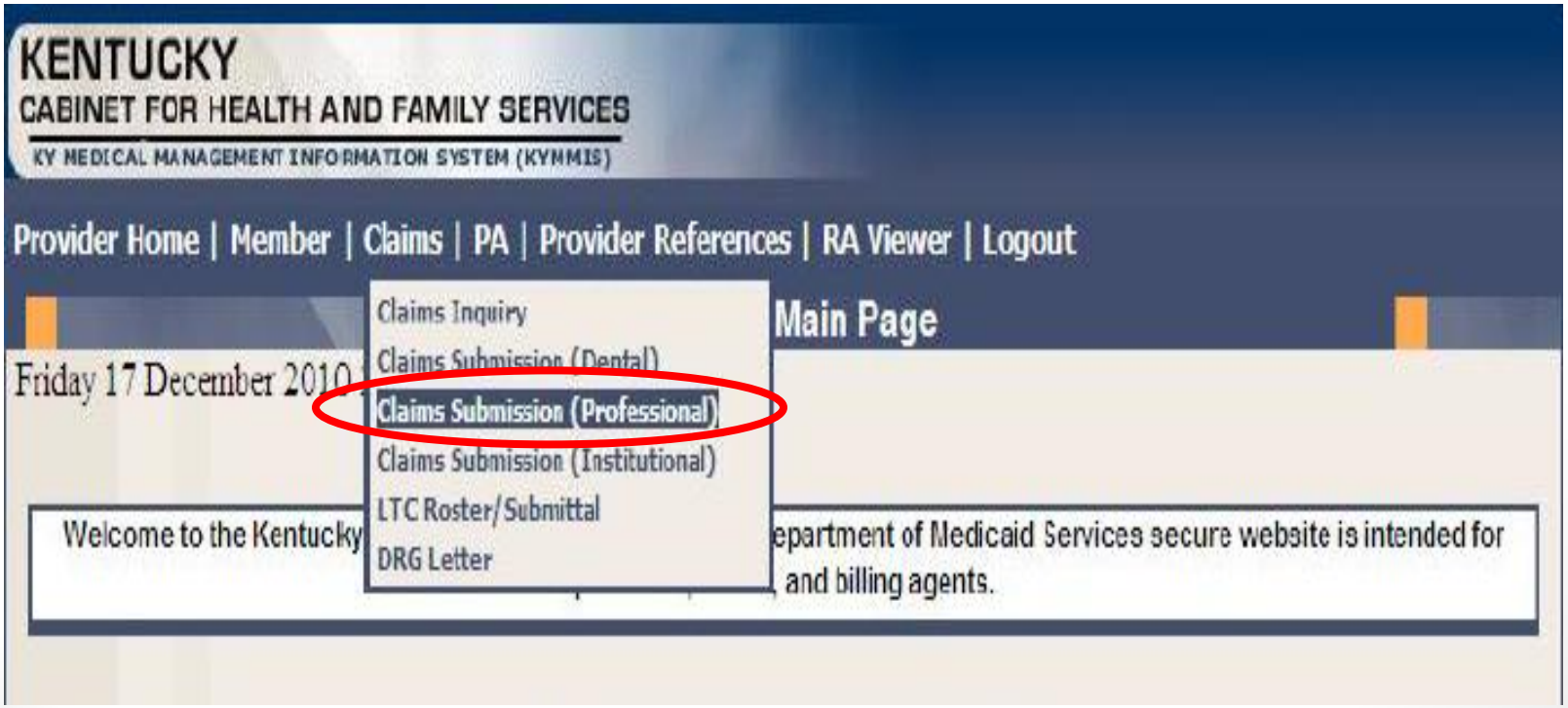
Search

ICN	From DOS	To DOS	Adjudicated Date	Amount Billed	Claim Status	Member ID	Claim Type
	03/07/2013	03/07/2013	04/05/2013	$40.62	Paid		PROFESSIONAL CLAIMS
	01/08/2013	04/29/2013	06/21/2013	$66.00	Paid		PROFESSIONAL CLAIMS
	01/07/2013	01/07/2013	01/18/2013	$23.52	Paid		PROFESSIONAL CLAIMS
	02/13/2013	02/25/2013	03/15/2013	$50.60	Paid		PROFESSIONAL CLAIMS
	04/08/2013	04/08/2013	05/03/2013	$21.48	Paid		PROFESSIONAL CLAIMS
	02/06/2013	02/19/2013	04/05/2013	$36.00	Paid		PROFESSIONAL CLAIMS
	01/29/2013	04/23/2013	09/13/2013	$236.28	Paid		PROFESSIONAL CLAIMS
	02/19/2013	02/25/2013	03/15/2013	$42.96	Paid		PROFESSIONAL CLAIMS
	01/09/2013	02/06/2013	03/01/2013	$104.76	Paid		PROFESSIONAL CLAIMS
	03/04/2013	03/07/2013	05/03/2013	$24.00	Paid		PROFESSIONAL CLAIMS
	12/02/2013	12/18/2013	01/24/2014	$166.32	Paid		PROFESSIONAL CLAIMS
	10/18/2013	11/06/2013	11/29/2013	$166.32	Paid		PROFESSIONAL CLAIMS
	01/07/2013	04/29/2013	05/24/2013	$128.88	Paid		PROFESSIONAL CLAIMS
	08/26/2013	09/18/2013	10/18/2013	$194.04	Paid		PROFESSIONAL CLAIMS
	09/23/2013	09/25/2013	10/25/2013	$55.44	Paid		PROFESSIONAL CLAIMS
	03/04/2013	03/04/2013	03/22/2013	$23.52	Paid		PROFESSIONAL CLAIMS
	11/11/2013	11/25/2013	12/20/2013	$138.60	Paid		PROFESSIONAL CLAIMS
	01/15/2013	01/28/2013	06/21/2013	$64.44	Paid		PROFESSIONAL CLAIMS
	01/15/2013	01/22/2013	06/28/2013	$12.00	Paid		PROFESSIONAL CLAIMS
	10/02/2013	10/02/2013	11/08/2013	$27.72	Paid		PROFESSIONAL CLAIMS

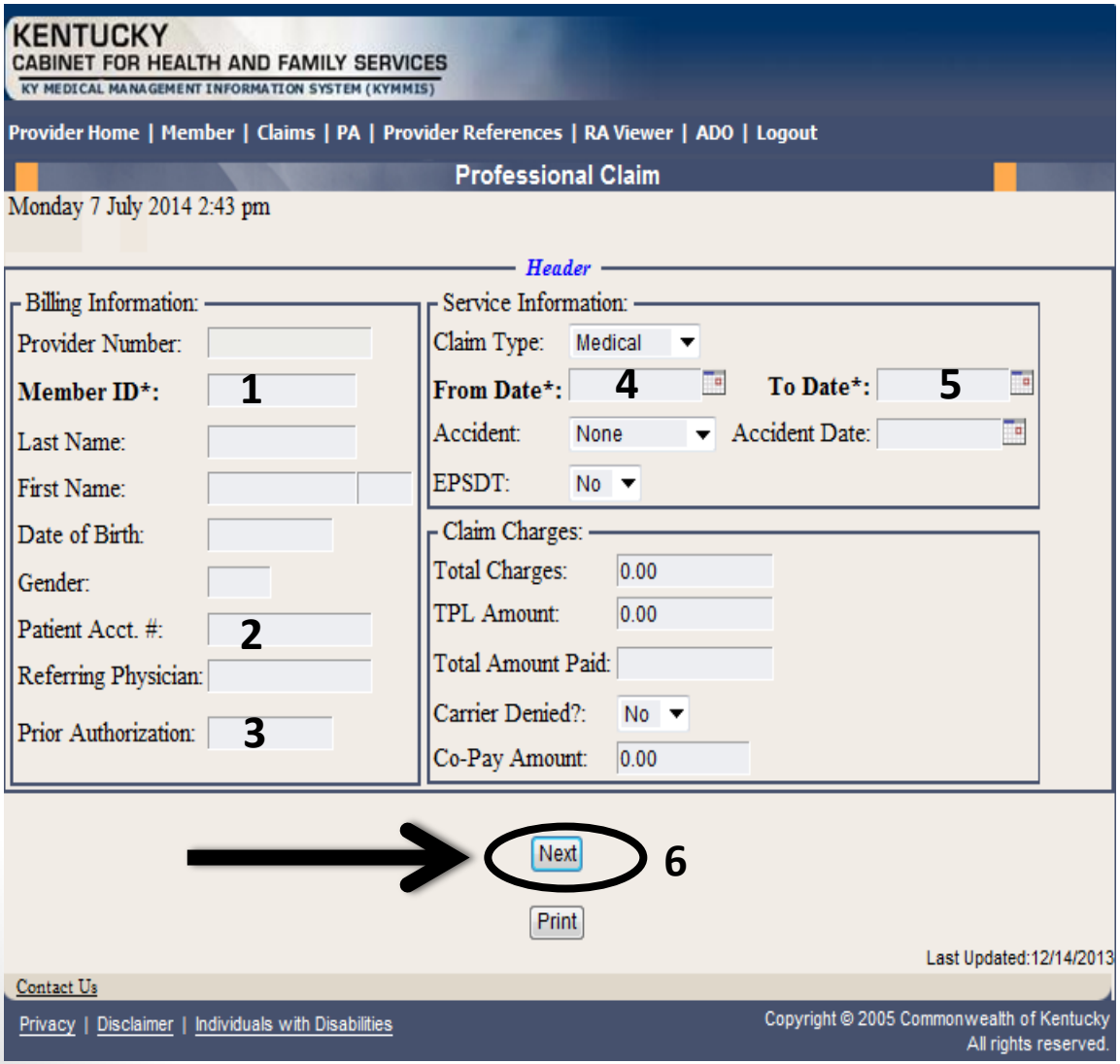
KYHealth Net
Claim Submission

Submitting Professional Claim

- **Place cursor over Claims in the Menu.**
- **Choose "Claims Submission (Professional)" from the drop-down.**



KYHealth Net
Claim Submission

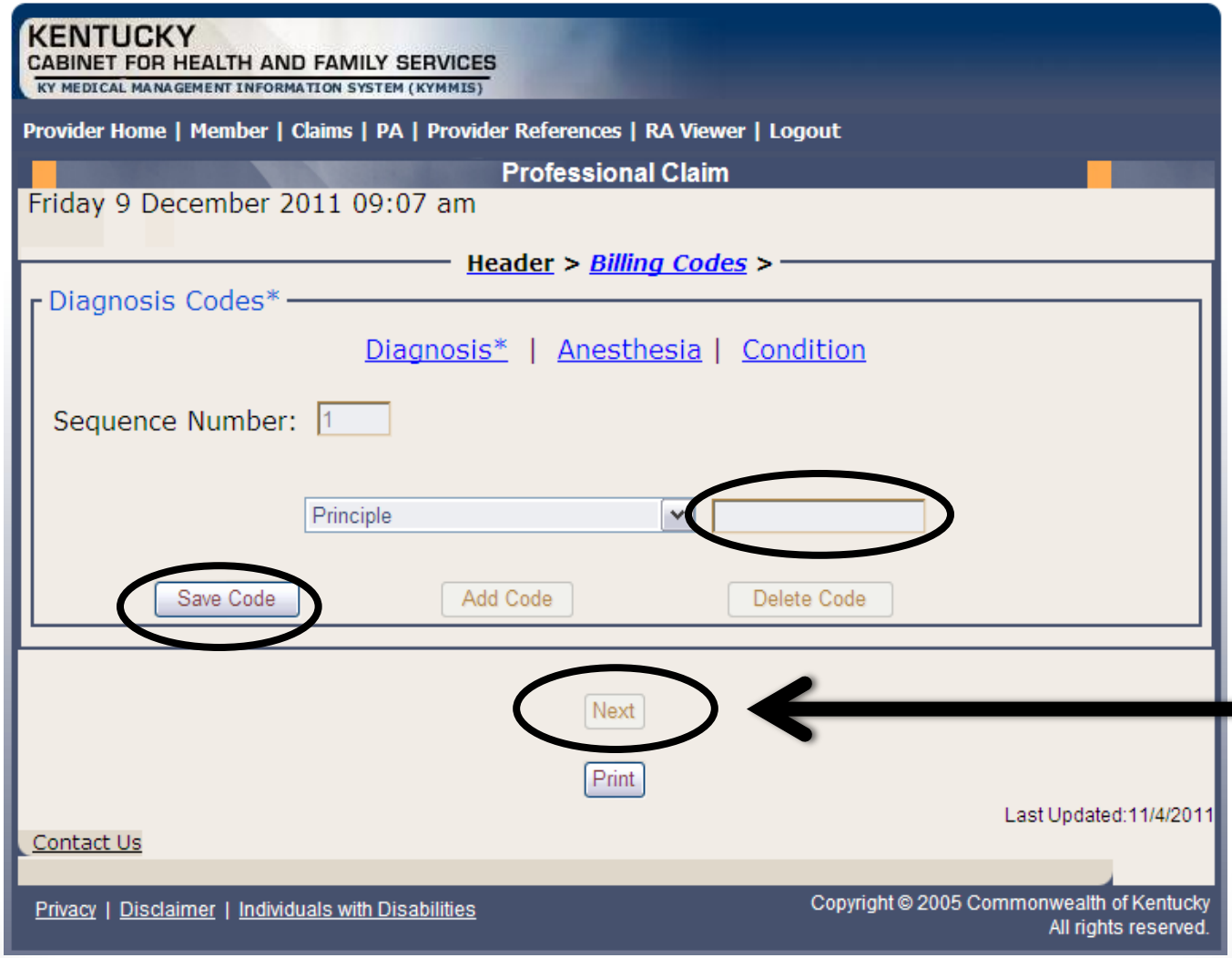


1. Enter the Member ID#
2. Patient Acct# - Enter your account#
3. Prior Authorization#
4. From date of service
5. To date of service
6. Click Next

System auto populates

- Provider Number
- Last Name
- First Name
- Date of Birth
- Gender
- Claim charges fields

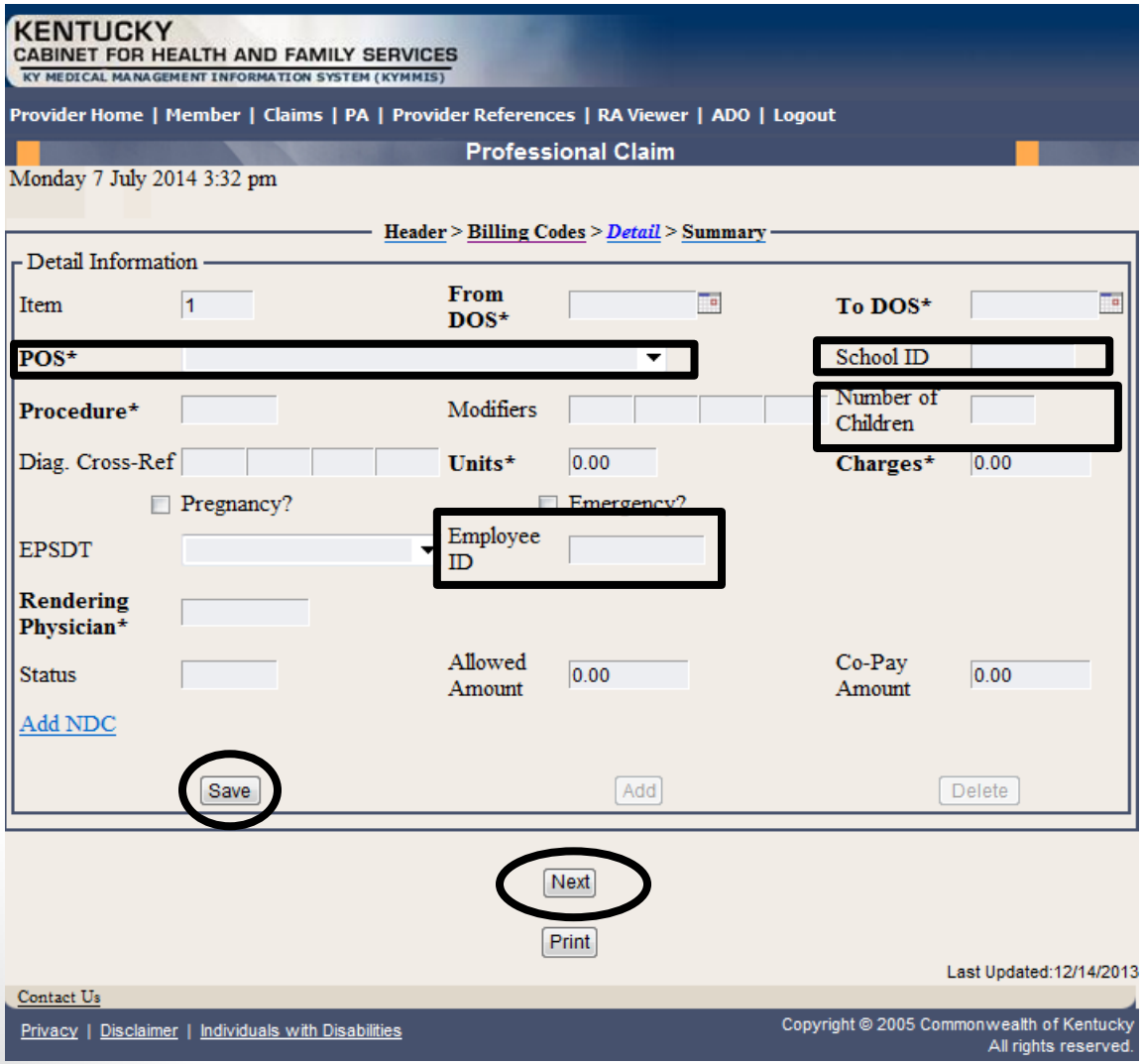
KYHealth Net
Claim Submission



Enter the Diagnosis Code and Click Save Code

Click Next

KYHealth Net
Claim Submission

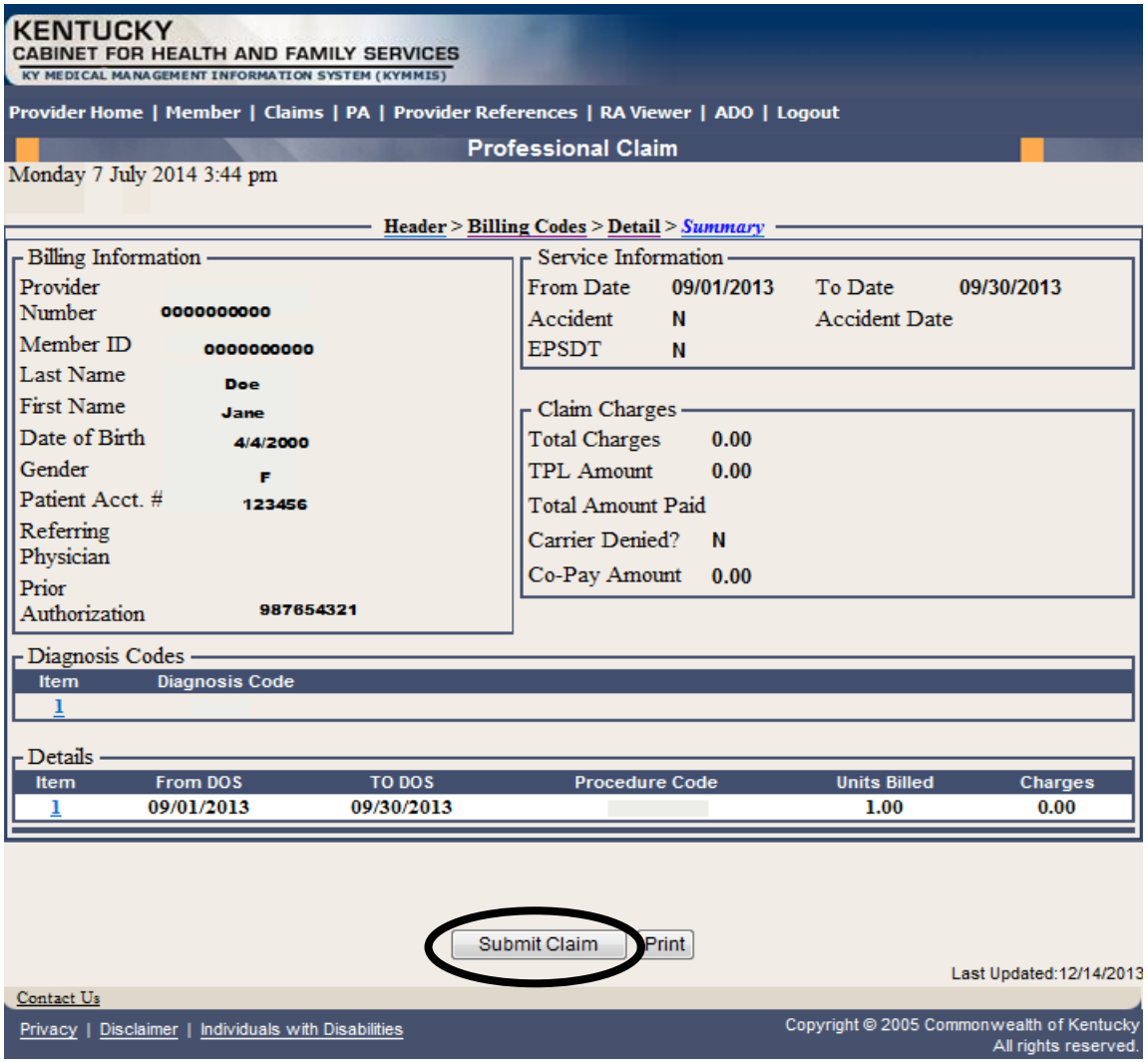


Place of Service Code for School Based Health Services provided by local school districts is 99 "Other".

Enter the Employee ID number in the School ID# field AND the Employee ID# field.

Number of Children = Enter the number of students when billing for a group service. Valid entry is 1 - 6

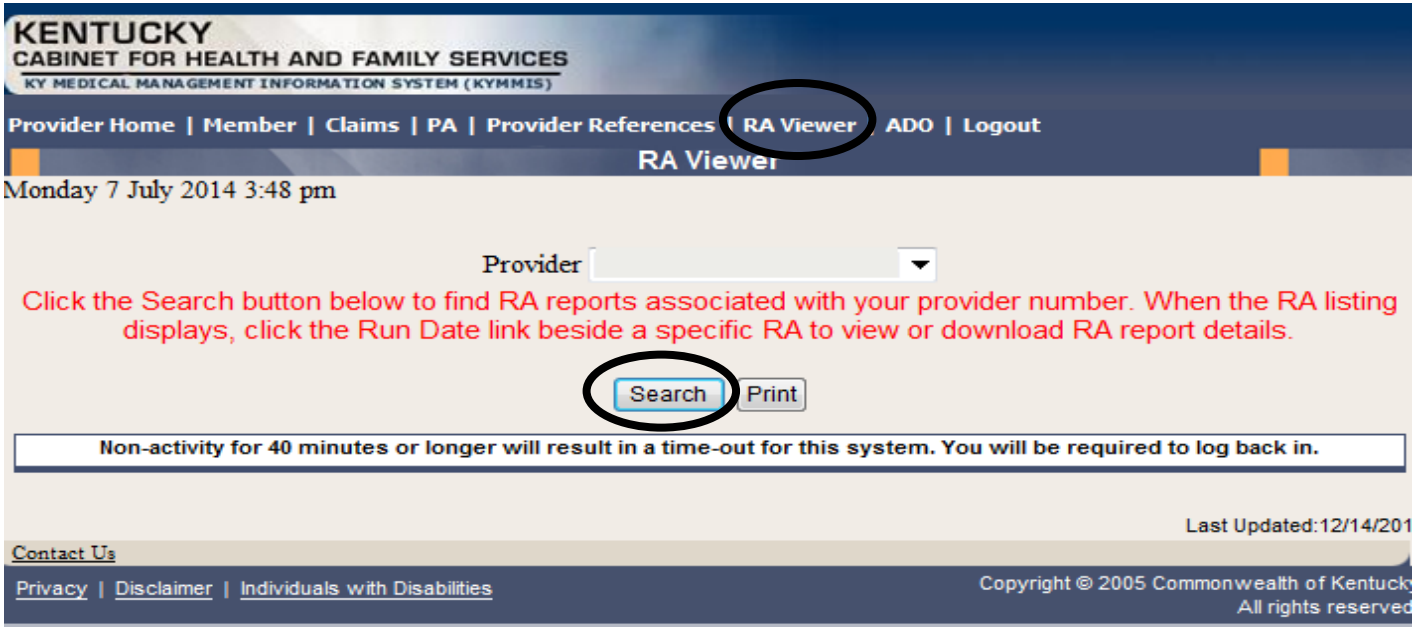
KYHealth Net
Claim Submission



KYHealth Net
RA Viewer

RA Viewer

- **Click RA Viewer on the menu.**
- **Click Search.**



KYHealth Net

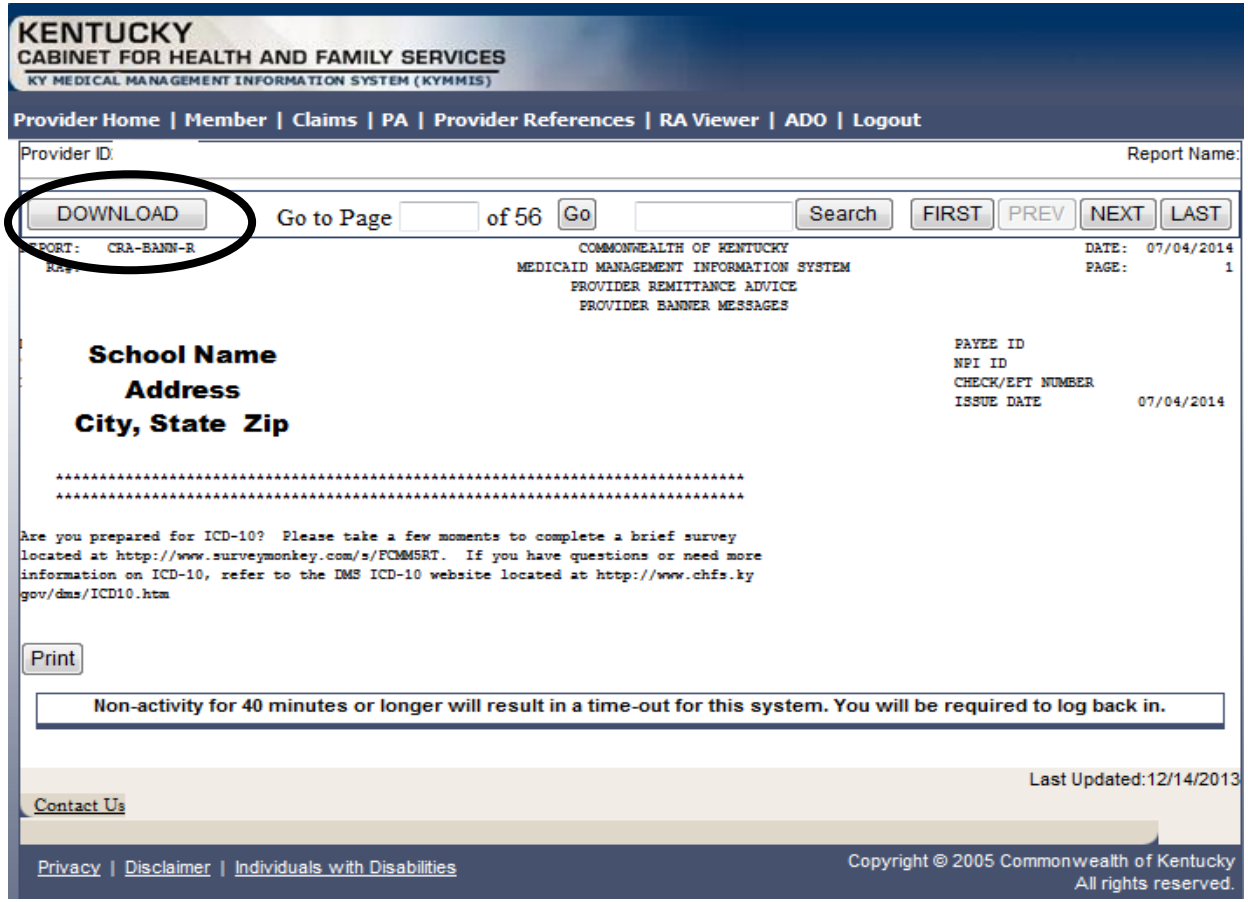
RA Viewer

In the Run Date column, Click the date

RA Viewer holds six months of Remittance Advice statements displaying the most current at the top of the screen. Each RA can be viewed or downloaded.

KYHealth Net

RA Viewer



Remittance Advice
Claims Paid

REPORT: [illegible]

RA#: 9999999

COMMONWEALTH OF KENTUCKY (M1)
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
CMS 1500 CLAIMS PAID

DATE: 01/23/2007
PAGE: 1

PROVIDER
555 ANY STREET
CITY, KY 55555-0000

PAYEE ID	99999999
NPI ID	
CHECK/EFT NUMBER	999999999
ISSUE DATE	01/26/2007

--ICN-- / --PATIENT NUMBER--	SERVICE DATES FROM	SERVICE DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	SPENDDOWN AMOUNT	CO-PAY AMOUNT	PAID AMOUNT
MEMBER NAME: JANE DOE		MEMBER NO.: 9999999999						
9999999999999	060606	060606	200.00		0.00			0.00
9999999XXX				18.05		0.00	2.00	16.05

PL	SERV	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM	SERVICE DATES THRU	RENDERING PROVIDER	BILLED AMOUNT	ALLOWED AMOUNT	DETAIL EOBS
22		88304	TC	1.00	060606	060606	MCD 64000000	200.00	18.05	5001 0018 9918 00A2

TOTAL CMS 1500 CLAIMS PAID:	200.00	0.00	0.00	
		18.05	0.00	16.05

Remittance Advice
Claims Denied

REPORT: CRA-BANN-R — COMMONWEALTH OF KENTUCKY (M1) — DATE: 01/23/2007
RA#: 9999999 — MEDICAID MANAGEMENT INFORMATION SYSTEM — PAGE: 1
PROVIDER REMITTANCE ADVICE
CMS 1500 CLAIMS DENIED

PROVIDER
555 ANY STREET
CITY, KY 55555-0000

PAYEE ID 99999999
NPI ID
CHECK/EFT NUMBER 000999999
ISSUE DATE 01/26/2007

--ICN-- / --PATIENT NUMBER--	SERVICE DATES FROM	SERVICE DATES THRU	BILLED AMOUNT	TPL AMOUNT	SPENDDOWN AMOUNT
MEMBER NAME: JANE DOE		MEMBER NO.: 9999999999			
2007017999999	060606	060606	200.00	0.00	0.00
9999999XXX					

HEADER EOBS: 3015 0011

PL SERV	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM	SERVICE DATES THRU	RENDERING PROVIDER	BILLED AMOUNT	DETAIL EOBS
22	88304	TC	1.00	060606	060606	MCD 64000000	200.00	0145 0011
TOTAL CMS 1500 CLAIMS DENIED:							200.00	0.00

Remittance Advice
Claims in Process

REPORT: CRA-BANN-R COMMONWEALTH OF KENTUCKY (M1) DATE: 01/23/2007
RA#: 9999999 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 1
PROVIDER REMITTANCE ADVICE
CMS 1500 CLAIMS IN PROCESS

PROVIDER
555 ANY STREET
CITY, KY 55555-0000

PAYEE ID 99999999
NPI ID
CHECK/EFT NUMBER 999999999
ISSUE DATE 01/26/2007

--ICN-- / --PATIENT NUMBER--	SERVICE DATES FROM	SERVICE DATES THRU	BILLED AMOUNT	TPL AMOUNT
MEMBER NAME: JANE DOE		MEMBER NO.: 9999999999		
9999999999999	060606	060606	200.00	0.00
9999999XXX				

PL SERV	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM	SERVICE DATES THRU	RENDERING PROVIDER	BILLED AMOUNT	DETAIL EOBS
22	88304	TC	1.00	060606	060606	MCD 64000000	200.00	

TOTAL CMS 1500 CLAIMS IN PROCESS: 200.00 0.00

Remittance Advice
Claim Adjustments

REPORT: CRA-PRAD-R — COMMONWEALTH OF KENTUCKY (M1) — DATE: 12/14/2006
RA#: 9999999 — MEDICAID MANAGEMENT INFORMATION SYSTEM — PAGE: 2
PROVIDER REMITTANCE ADVICE
CMS CLAIM ADJUSTMENTS

HEALTH SERVICES
ATTN: JANE DOE
555 ANY STREET
CITY, KY 55555-0000

PAYEE ID 99999999
NPI ID

--ICN-- / --PATIENT NUMBER--	SERVICE DATES FROM	SERVICE DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	SPENDDOWN AMOUNT	CO-PAY AMOUNT	PAID AMOUNT
MEMBER NAME: JANE DOE		MEMBER NO.: 9999999999						
9999999999999	031103	031103	(20.00)		(0.00)		(0.00)	
99999				(20.00)		(0.00)		(20.00)
9999999999999	031103	031103	20.00		0.00		0.00	
99999				20.00		0.00		20.00

PL	SERV	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM	SERVICE DATES THRU	RENDERING PROVIDER	BILLED AMOUNT	ALLOWED AMOUNT	DETAIL EOBS
99		WP101		1.00	031103	031103	MCD 40097065	20.00	20.00	0102 0029

TOTAL NO. OF ADJ: 1

TOTAL CMS 1500 ADJUSTMENT CLAIMS:	0.00	0.00	0.00
	0.00	0.00	0.00

Remittance Advice
Summary

REPORT: CRA-SUMM-R
RA#: 9999999

COMMONWEALTH OF KENTUCKY (M1)
MEDICAID MANAGEMENT INFORMATION SYSTEM
[illegible] ADVICE
SUMMARY

DATE: 02/01/2007
PAGE: 13

PROVIDER

P O BOX 555
CITY, KY 55555-0000

PAYEE ID 99999999
NPI ID
CHECK/EFT NUMBER 999999999
ISSUE DATE 02/02/2007

----------CLAIMS DATA----------

	CURRENT NUMBER	CURRENT AMOUNT	MONTH-TD NUMBER	MONTH-TD AMOUNT	YEAR-TD NUMBER	YEAR-TD AMOUNT
CLAIMS PAID	43	130,784.46	43	130,784.46	1,988	4,143,010.13
CLAIM ADJUSTMENTS	0	0.00	0	0.00	18	0.00
MASS ADJUSTMENTS	0	0.00	0	0.00	0	0.00
TOTAL CLAIMS PAYMENTS	43	130,784.46	43	130,784.46	2,006	4,143,010.13
CLAIMS DENIED	1		1		917	
CLAIMS IN PROCESS	2					

----------EARNINGS DATA----------

PAYMENTS:			
CLAIMS PAYMENTS	130,784.46	130,784.46	4,143,010.13
SYSTEM PAYOUTS (NON-CLAIM SPECIFIC)	0.00	0.00	0.00
ACCOUNTS RECEIVABLE (OFFSETS):			
CLAIM SPECIFIC:			
CURRENT CYCLE	(0.00)	(0.00)	(0.00)
OUTSTANDING FROM PREVIOUS CYCLES	(0.00)	(0.00)	(44,474.35)
NON-CLAIM SPECIFIC OFFSETS	(0.00)	(0.00)	(0.00)
NET PAYMENT	130,784.46	130,784.46	4,098,535.78
REFUNDS:			
CLAIM SPECIFIC ADJUSTMENT REFUNDS	(0.00)	(0.00)	(0.00)
NON-CLAIM SPECIFIC REFUNDS	(0.00)	(0.00)	(0.00)
OTHER FINANCIAL:			
MANUAL PAYOUTS (NON-CLAIM SPECIFIC)	0.00	0.00	0.00
VOIDS	(0.00)	(0.00)	(0.00)
NET EARNINGS	130,784.46	130,784.46	4,098,535.78

Contacts

DEPARTMENT	PHONE NUMBER	EMAIL OR WEB ADDRESS	ROLES
HP Provider Billing Inquiry	1-800-807-1232	Ky_provider_inquiry@hp.com	Claim status and billing questions (Providers Only)
EDI Helpdesk	1-800-205-4696	Ky_edi_helpdesk@hp.com	Electronic billing, Electronic RA's, PIN request and password resets
Carewise	1-800-292-2392		Prior Authorization, Waiver Eligibility
Department for Medicaid Services Member Services	1-800-635-2570	Ms.services@ky.gov	Questions or updates to a members file
Department for Medicaid Services Provider Enrollment	1-877-838-5085	Program.integrity@ky.gov	Questions or updates to the provider file or enrolling as a new provider
DCBS Contact Center	1-855-306-8959	https://prd.chfs.ky.gov/office_phone/index.aspx	Member eligibility, patient liability (MAP 552), hospice election and termination
HP Provider Field Representatives	Varies by County	Varies by County	Provider training, conference calls, association meetings, provider visits, and any escalated issue. (Providers only)

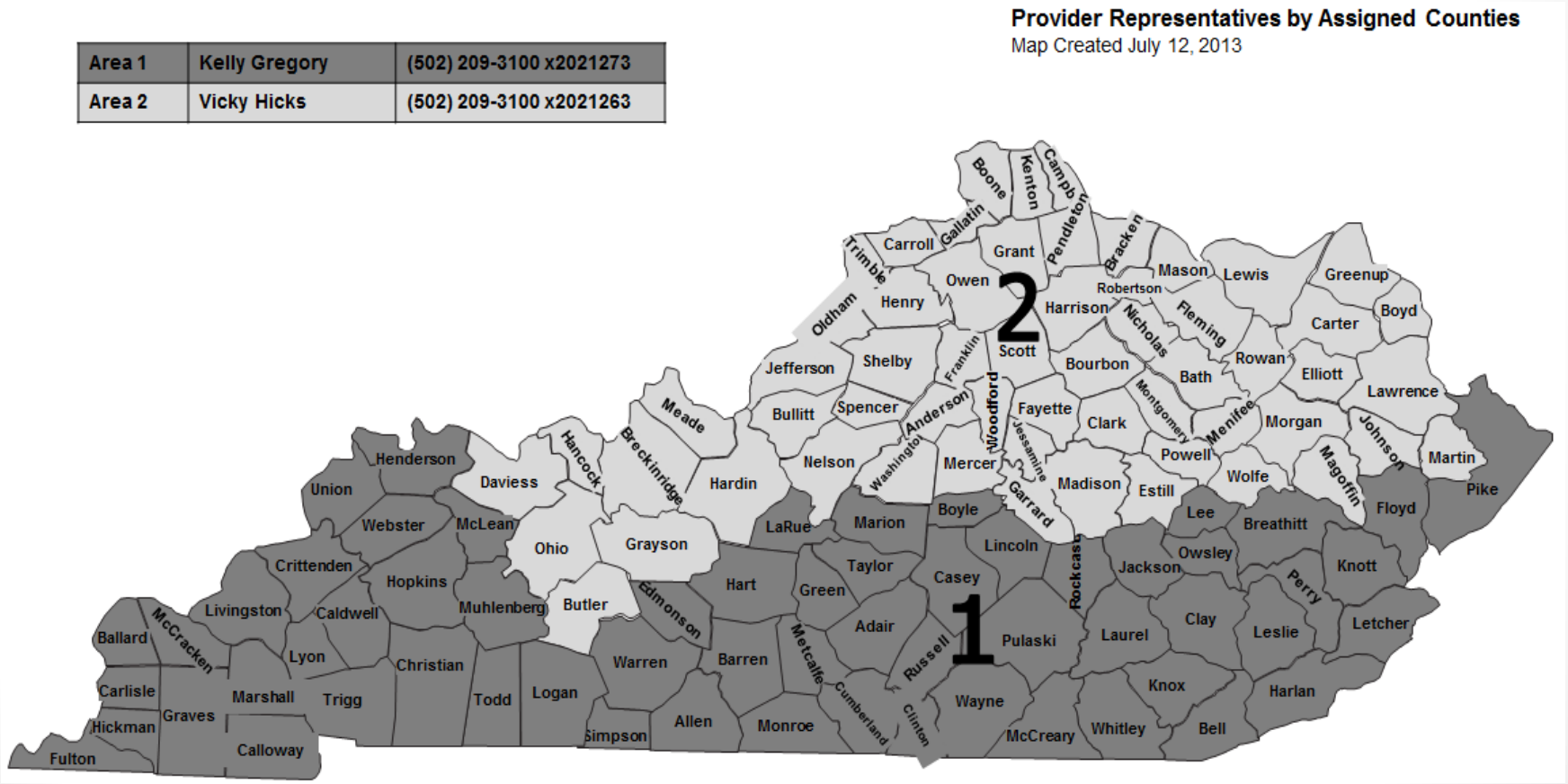
Provider Representative Listing

KELLY GREGORY 502-209-3100 Extension 2021273 Kelly.dio.gregory@hp.com Assigned Counties						VICKY HICKS 502-209-3100 Extension 2021263 vicky.hicks@hp.com Assigned Counties					
001	ADAIR	044	GREEN	074	MCCREARY	003	ANDERSON	040	GARRARD	083	MENIFEE
002	ALLEN	050	HART	075	MCLEAN	006	BATH	041	GRANT	084	MERCER
004	BALLARD	048	HARLAN	085	METCALFE	008	BOONE	043	GRAYSON	087	MONTGOMERY
005	BARREN	051	HENDERSON	086	MONROE	009	BOURBON	045	GREENUP	088	MORGAN
007	BELL	053	HICKMAN	089	MUHLENBERG	010	BOYD	046	HANCOCK	090	NELSON
011	BOYLE	054	HOPKINS	095	OWSLEY	012	BRACKEN	047	HARDIN	091	NICHOLAS
013	BREATHITT	055	JACKSON	097	PERRY	014	BRECKINRIDGE	049	HARRISON	092	OHIO
017	CALDWELL	061	KNOX	098	PIKE	015	BULLITT	052	HENRY	093	OLDHAM
018	CALLOWAY	060	KNOTT	100	PULASKI	016	BUTLER	056	JEFFERSON	094	OWEN
020	CARLISLE	062	LARUE	102	ROCKCASTLE	019	CAMPBELL	057	JESSAMINE	096	PENDLETON
023	CASEY	063	LAUREL	104	RUSSELL	021	CARROLL	058	JOHNSON	099	POWELL
024	CHRISTIAN	066	LESLIE	107	SIMPSON	022	CARTER	059	KENTON	101	ROBERTSON
026	CLAY	068	LETCHER	109	TAYLOR	025	CLARK	064	LAWRENCE	103	ROWAN
027	CLINTON	069	LINCOLN	110	TODD	030	DAVIESS	065	LEE	105	SCOTT
028	CRITTENDEN	070	LIVINGSTON	111	TRIGG	032	ELLIOTT	067	LEWIS	106	SHELBY
029	CUMBERLAND	071	LOGAN	113	UNION	033	ESTILL	076	MADISON	108	SPENCER
031	EDMONSON	072	LYON	114	WARREN	034	FAYETTE	077	MAGOFFIN	112	TRIMBLE
036	FLOYD	078	MARION	116	WAYNE	035	FLEMING	080	MARTIN	115	WASHINGTON
038	FULTON	079	MARSHALL	117	WEBSTER	037	FRANKLIN	081	MASON	119	WOLFE
042	GRAVES	073	MCCRACKEN	118	WHITLEY	039	GALLATIN	082	MEADE	120	WOODFORD

- NOTE – Out-of-state providers contact the Representative who has the county closest bordering their state, unless noted above.
- Provider Relations 1-800-807-1232

Provider Representative Map

Area 1	Kelly Gregory	(502) 209-3100 x2021273
Area 2	Vicky Hicks	(502) 209-3100 x2021263



Thank you for attending
Kentucky Medicaid
School Based Presentation!